

Appendix 1



INDIVIDUAL
& FAMILY



A New Era of Affordable Quality Healthcare Choices

Trinity HealthShare programs offer affordable quality healthcare choices for individuals and families through our healthcare sharing community.

AlieraCare programs are built on an innovative cost-sharing model designed to streamline access to individual and family-focused healthcare without the costs and complexities of most one-size-fits-all traditional medical programs. The AlieraCare suite of programs are available year round, offering individuals and families a full spectrum of healthcare sharing options at a price they can afford.

- Trinity HealthShare's AlieraCare Value | Plus | Premium program is a three-tiered collection of alternative healthcare programs with robust healthcare services for 30% to 60% less than more traditional medical plans
- Trinity HealthShare's AlieraCare Bronze | Silver | Gold program is a line of comprehensive family programs that don't limit the number of dependents or doctor visits

Trinity HealthShare is a 501(c)(3) non-profit organization that provides Health Care Sharing Ministry (HCSM) services to guide the cost sharing of member contributions for certain eligible healthcare needs, such as hospitalization, surgery and emergency room visits. Healthcare sharing plans are not insurance products. Members agree to and sign a Statement of Beliefs and share the cost of medical expenses in accordance with those beliefs.

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A Roadmap of Comprehensive Care

Trinity HealthShare Ministry programs give individuals and families a clear path to the healthcare services they need, when they need them.

Built on the MultiPlan PHCS network, a nationwide preferred provider organization (PPO), AlieraCare Value | Plus | Premium and AlieraCare Bronze | Silver | Gold program provide access to more than 1,000,000 healthcare professionals in over 6,000 facilities across the United States.



* MSRA (member shared responsibility amount) is the amount members must pay out of pocket before medical expenses become eligible for sharing with other members.

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Individual Programs

Trinity HealthShare's AlieraCare programs are built on an innovative healthcare sharing model designed to reduce costs and put the power of choice back into the hands of individuals and their families. To compare AlieraCare Value | Plus | Premium (VPP) HCSM program with AlieraCare Bronze | Silver | Gold (BSG) HCSM program, please see the chart below.

COMPARISON CHART

	AlieraCare VPP			AlieraCare BSG		
PROGRAM SERVICES	Value ¹	Plus ²	Premium ³	Bronze ⁴	Silver ⁵	Gold ⁶
MSRA Options Per Member	\$5,000 \$7,500 \$10,000			\$1,000 \$2,500 \$5,000 \$10,000		
MSRA Options Per Family	Not Available			\$3,000 \$7,500 \$15,000 \$30,000		
Section 1	Services Eligible Prior to Meeting the Member Shared Responsibility Amount (MSRA)					
PPO Network	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS
Telemedicine	Free	Free	Free	Free	Free	Free
Preventive Care	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care	1 Per Year \$20 Consult Fee	3 Per Year \$20 Consult Fee	5 Per Year \$20 Consult Fee	\$50 Consult Fee	\$35 Consult Fee	\$20 Consult Fee
Urgent Care	Not Eligible	1 Per Year \$20 Consult Fee	2 Per Year \$20 Consult Fee	\$100 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Specialty Care	Not Eligible	Not Eligible	100% After MSRA \$75 Consult Fee	\$125 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Emergency Room	Eligible After MSRA (see below)	\$500 Consult Fee	\$300 Consult Fee	\$500 Consult Fee	\$300 Consult Fee	\$150 Consult Fee
Prescription Discount	Included	Included	Included	Included	Included	Included
Section 2	Services Eligible After Meeting MSRA					
Specialty Care	Not Eligible	Not Eligible	100% After MSRA \$75 Consult Fee	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
Emergency Room	Full MSRA	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
Inpatient						
Hospitalization	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
Surgery	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
Outpatient						
Hospitalization	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
Surgery	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA

1-6 Please see individual product tables for corresponding footnotes.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

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Preventive, Primary & Hospitalization Care

Preventive, primary and hospitalization care services are fundamental to maintaining a healthy lifestyle. Therefore, AlieraCare programs utilize healthcare sharing to make these services easily accessible and affordable for members and their families.

The preventive medical services offered follow the recommendations of the United States Preventive Services Task Force (evidence-based items or services rated A or B). A sampling of these services is listed below and is subject to change without notice. Please see specific program tables for details about the services included with each program. Always verify eligibility before treatment or service is rendered.

Preventive Services for Adults

- Blood Pressure Screening
- Cholesterol Screening
- Colorectal Cancer Screening
- Depression Screening
- Diet Counseling
- HIV Screening
- Type II Diabetes Screening

Preventive Services for Women

- Anemia Screening
- Bacteriuria and Urinary Tract Infection Screening
- BRCA Counseling
- Breast Cancer Chemoprevention Counseling
- Breast Cancer Screening
- Breastfeeding Comprehensive Support
- Cervical Cancer Screening
- Chlamydia Infection Screening
- Contraception Counseling
- Domestic Violence Counseling/ Screening
- Gestational Diabetes Screening
- Gonorrhea Screening
- HPV Testing (every three years)
- STI Counseling
- Syphilis Screening
- Tobacco Screening/Counseling

Preventive Services for Children

- Alcohol and Drug Use Assessment
- Autism Screening
- Behavioral Assessment
- Blood Pressure Screening
- Cervical Dysplasia Screening
- Congenital Hypothyroidism Screening
- Depression Screening
- Developmental Screening
- Dyslipidemia Screening
- Hearing Screening
- Height, Weight and Body Mass Index Measurement
- Hematocrit/Hemoglobin Screening
- Hemoglobinopathies/Sickle Cell Screening
- HIV Screening
- Lead Screening
- Obesity Screening/Counseling
- Phenylketonuria Screening
- STI Counseling/Screening
- Tuberculin Testing
- Vision Screening

Immunizations & Injections

- DTaP
- Haemophilus
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Influenza Type B
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Tetanus
- Varicella

Primary Care Services

- Allergy Testing through Blood Test (paid separately to the lab)
- Annual Physical Exams
- Application of Cast for Minor Non-displaced Fractures
- Application of Splint
- Audiometry
- Blood Sugar
- Carpal Tunnel Release
- Childhood Immunization (costs of vaccines are additional)
- Circumcision
- Discount Prescription Card
- Ear Irrigation for Wax
- Echocardiogram
- EKG
- Excision of Benign Skin Lesions
- Excision of Breast Mass (lumpectomy when possible)
- Excision of Malignant Skin Lesions
- Facet Joint Injections
- Family Planning
- Fecal Occult Blood Test
- Fine Needle Aspiration (thyroid, breast)
- Flu Vaccine
- Ganglion Cyst Removal
- Gynecological Care
- Gynecological Exam
- Holter Monitor
- I & D of Abscess
- IM/IV Treatments (cost of drug is not included)
- Imaging
- Joint Injections (steroid)
- Lab Test (blood, urine, stool)
- Lipoma Removal
- Lymph Node Biopsy
- Mammogram Screening
- Mole Removal/Skin Biopsy
- Nebulizer Treatment with Oxygen Concentrator

- Office-based Surgeries
- Pap Smear
- Partial or Full Nail Removal for Fungus, Ingrown Toenail
- Pediatric Care
- Pediatric Visits
- Pilonidal Cystectomy
- PPD (skin test for tuberculosis)
- Pregnancy Test
- Pulmonary Function Test (spirometry)
- Referral for Discounted Colonoscopy and Upper Endoscopy
- Referral for Discounted CT Scan and MRI
- Repair of Laceration
- Repair of Split Ear Lobes
- Routine Office Visits
- Rubber Band Hemorrhoidectomy
- Sebaceous Cyst Removal
- Second Opinions
- Shaving of Skin Lesions
- Skin Tag Removal
- Sonograms
- Tendon Injections (steroid)
- Tetanus Vaccine (after injury)
- Trigger Point Injections
- Uncomplicated Anal Fistulectomy
- Urgent Care during Office Hours
- Urinalysis
- Varicose Vein Ligation
- Vascular Studies (venous, carotid, peripheral duplex scans)
- Vitamin B-12 and Allergy Shot (steroid)
- Warts (genital, sole, hand)
- Weight Loss Management
- Wound Care with Debridement
- X-rays

Hospitalization Services

- Bariatric Center
- Cancer Institute
- Diabetes Education Program
- Emergency Services
- GI/Pulmonary Endoscopy Centers
- Heart & Vascular Institute
- Maternity
- Nutrition Services
- Radiology
- Rehabilitation
- Research
- Sleep Disorders Center
- Spine & Pain Treatment
- Sports Medicine
- Stroke Center
- Surgery
- Urodiagnostics

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Affordable Everyday Healthcare Choices for the Family

Trinity HealthShare's AlieraCare Value | Plus | Premium (VPP) program include a wide range of affordable healthcare solutions designed to meet the unique healthcare needs and budgets of individuals and families. These programs are recommended for primarily healthy people whose main healthcare goals are focused on preventive and primary medical care, as well as cost sharing for catastrophic events, hospitalization, and inpatient and outpatient surgical procedures.

Trinity HealthShare's AlieraCare Premium Level Enhanced Services

- Physician-directed maintenance care for chronic conditions such as diabetes, asthma, high blood pressure and cardiac disorders
- Maternity care available to help reduce cost of deliveries
- Unlimited specialist visits after meeting the Members Shared Responsibility Amount (MSRA)
- Save up to 90% on your home-delivery prescriptions immediately with Rx Valet



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VALUE PROGRAM DETAILS

PROGRAM SERVICES PER MEMBER		MultiPlan PHCS (in-network)			Non-network					
Member Shared Responsibility Amount (MSRA)		\$5,000 \$7,500 \$10,000			Not Eligible					
Out-of-pocket Maximum (per member within sharing limits)		MSRA			Not Eligible					
Per Incident Maximum Limit		\$150,000			Not Eligible					
Lifetime Maximum Limit		\$1,000,000			Not Eligible					
Section 1		Services Eligible Prior to Meeting MSRA								
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.										
Telemedicine		Free			Not Eligible					
Wellness & Preventive Care		Unlimited			Not Eligible					
Primary Care¹		1 Per Year \$20 Consult Fee			Not Eligible					
Pediatrics		Eligible as PCP			Not Eligible					
OB/GYN		Eligible as PCP			Not Eligible					
Urgent Care		Not Eligible			Not Eligible					
Labs		Eligible at PCP			Not Eligible					
X-rays		Not Eligible			Not Eligible					
Chronic Maintenance		Eligible at PCP			Not Eligible					
Prescription Discount		Included			Not Eligible					
Section 2		Services Eligible After Meeting MSRA²								
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.										
Specialty Care		Not Eligible			Not Eligible					
Maternity		Not Eligible			Not Eligible					
Emergency Room³		Full MSRA			Not Eligible					
Inpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁴		100% After MSRA			Not Eligible					
Outpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁴		100% After MSRA			Not Eligible					
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA			
Age ⁵	Member	Member + 1	Family	Member	Member + 1	Family	Member			
18–29	\$227.29	\$384.60	\$494.71	\$203.71	\$353.14	\$471.11	\$172.25			
30–39	\$279.75	\$473.35	\$608.88	\$250.71	\$434.63	\$579.83	\$211.99			
40–49	\$314.72	\$532.52	\$684.98	\$282.05	\$488.96	\$652.31	\$238.49			
50–59	\$370.35	\$626.65	\$806.06	\$327.63	\$567.98	\$757.74	\$277.03			
60–64	\$457.77	\$774.57	\$996.34	\$410.26	\$711.22	\$948.82	\$346.89			
							\$632.02			
							\$869.62			

- An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.
- Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.
- Emergency room cost sharing is subject to review and is only meant for life-threatening situations.
- Non-emergency surgical services are unavailable for the first six months for Value programs. Surgical services do not include cosmetic surgery.
- Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

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PLUS PROGRAM DETAILS

PROGRAM SERVICES PER MEMBER		MultiPlan PHCS (in-network)			Non-network					
Member Shared Responsibility Amount (MSRA)		\$5,000 \$7,500 \$10,000			Not Eligible					
Out-of-pocket Maximum (per member within sharing limits)		MSRA			Not Eligible					
Per Incident Maximum Limit		\$250,000			Not Eligible					
Lifetime Maximum Limit		\$1,000,000			Not Eligible					
Section 1		Services Eligible Prior to Meeting MSRA								
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.										
Telemedicine		Free			Not Eligible					
Wellness & Preventive Care		Unlimited			Not Eligible					
Primary Care¹		3 Per Year \$20 Consult Fee			Not Eligible					
Pediatrics		Eligible as PCP			Not Eligible					
OB/GYN		Eligible as PCP			Not Eligible					
Urgent Care		1 Per Year \$20 Consult Fee			Not Eligible					
Labs		Eligible at PCP or Urgent Care			Not Eligible					
X-rays²		Eligible at Urgent Care			Not Eligible					
Chronic Maintenance		Eligible at PCP or Urgent Care			Not Eligible					
Emergency Room³		\$500 Consult Fee			Not Eligible					
Prescription Discount		Included			Not Eligible					
Section 2		Services Eligible After Meeting MSRA⁴								
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.										
Specialty Care		Not Eligible			Not Eligible					
Maternity		Not Eligible			Not Eligible					
Inpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁵		100% After MSRA			Not Eligible					
Outpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁵		100% After MSRA			Not Eligible					
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA			
Age ⁶	Member	Member + 1	Family	Member	Member + 1	Family	Member	Member + 1	Family	
18–29	\$274.47	\$395.36	\$547.26	\$258.76	\$384.60	\$518.31	\$211.57	\$353.14	\$463.25	
30–39	\$337.55	\$486.32	\$673.26	\$318.48	\$473.35	\$637.91	\$260.39	\$434.63	\$570.15	
40–49	\$379.61	\$546.96	\$757.27	\$358.28	\$532.52	\$717.65	\$292.94	\$488.96	\$641.42	
50–59	\$460.06	\$665.09	\$921.40	\$416.18	\$618.58	\$833.63	\$340.29	\$567.98	\$745.09	
60–64	\$568.66	\$822.09	\$1,138.89	\$521.14	\$774.57	\$1,043.86	\$426.09	\$711.22	\$932.97	

1. An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.
 2. \$25 per x-ray read fee at urgent care, may vary by city.

3. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$500 consult fee will be applied to the MSRA.

4. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.

5. Non-emergency surgical services are unavailable for the first six months for Plus programs. Surgical services do not include cosmetic surgery.

6. Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

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PREMIUM PROGRAM

PROGRAM SERVICES PER MEMBER		MultiPlan PHCS (in-network)			Non-network					
Member Shared Responsibility Amount (MSRA)		\$5,000 \$7,500 \$10,000			Not Eligible					
Out-of-pocket Maximum (per member within sharing limits)		MSRA			Not Eligible					
Per Incident Maximum Limit		\$500,000			Not Eligible					
Lifetime Maximum Limit		\$1,000,000			Not Eligible					
Section 1		Services Eligible Prior to Meeting MSRA								
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.										
Telemedicine		Free			Not Eligible					
Wellness & Preventive Care		Unlimited			Not Eligible					
Primary Care¹		5 Per Year \$20 Consult Fee			Not Eligible					
Pediatrics		Eligible as PCP			Not Eligible					
OB/GYN		Eligible as PCP			Not Eligible					
Urgent Care		2 Per Year \$20 Consult Fee			Not Eligible					
Labs		Eligible at PCP or Urgent Care			Not Eligible					
X-rays²		Eligible at Urgent Care			Not Eligible					
Chronic Maintenance		Eligible at PCP, Urgent Care or Specialty Care			Not Eligible					
Emergency Room³		\$300 Consult Fee			Not Eligible					
Prescription Discount		Included			Not Eligible					
Section 2		Services Eligible After Meeting MSRA⁴								
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.										
Specialty Care⁵		100% After MSRA \$75 Consult Fee Per Visit			Not Eligible					
Maternity⁶		Eligible			Not Eligible					
Inpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁷		100% After MSRA			Not Eligible					
Outpatient Services										
Hospitalization		100% After MSRA			Not Eligible					
Surgical⁷		100% After MSRA			Not Eligible					
Rates	\$5,000 MSRA			\$7,500 MSRA		\$10,000 MSRA				
Age⁸	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	
18–29	\$321.68	\$447.52	\$620.55	\$282.35	\$416.06	\$581.23	\$250.89	\$384.60	\$510.44	
30–39	\$395.91	\$550.79	\$763.75	\$347.51	\$512.08	\$715.35	\$308.79	\$473.35	\$628.23	
40–49	\$445.40	\$619.64	\$859.22	\$390.95	\$576.08	\$804.77	\$347.39	\$532.52	\$706.76	
50–59	\$524.14	\$729.17	\$1,011.11	\$454.14	\$669.18	\$934.83	\$403.54	\$618.58	\$820.98	
60–64	\$647.86	\$901.29	\$1,249.77	\$568.66	\$837.94	\$1,170.57	\$505.29	\$774.57	\$1,028.02	

1. An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.
2. \$25 per x-ray read fee at urgent care, may vary by city.

3. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA.

4. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.

5. The consult fee is in addition to the cost of your specialty care visit and does not apply toward your annual MSRA.

6. Maternity services are eligible after the first ten months of continuous membership and include \$5,000 max for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.

7. Non-emergency surgical services are unavailable for the first two months for Premium programs. Surgical services do not include cosmetic surgery.

8. Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

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Affordable Comprehensive Healthcare Choices for the Family

Trinity HealthShare's AlieraCare Bronze | Silver | Gold (BSG) program offer a wide range of comprehensive healthcare sharing solutions that are affordable alternatives to traditional medical plans. AlieraCare BSG puts the power of quality healthcare choices back into the hands of individuals and their families.

Trinity HealthShare's AlieraCare Bronze | Silver | Gold Program Enhanced Services:

- Unlimited in-network primary care, urgent care and specialty care visits
- Cost sharing is available for new diagnoses of cancer
- Specific sharing eligible for some pre-existing conditions
- Lower MSRA options
- Prenatal and maternity cost sharing
- Out-of-network cost sharing options
- Save up to 90% on your home-delivery prescriptions immediately with Rx Valet



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BRONZE PROGRAM DETAILS

PROGRAM SERVICES PER MEMBER		MultiPlan PHCS (in-network)				Non-network										
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000 \$10,000														
MSRA (per family of 3+ members)		\$3,000 \$7,500 \$15,000 \$30,000														
Out-of-pocket Maximum (per member within sharing limits)		\$3,000 \$7,500 \$15,000 \$30,000				\$6,000 \$15,000 \$30,000 \$60,000										
Out-of-pocket Maximum (per family within sharing limits)		\$9,000 \$22,500 \$45,000 \$90,000				\$18,000 \$45,000 \$90,000 \$180,000										
Lifetime Maximum Limit		\$1,000,000				\$1,000,000										
Co-expense		Program Shares: 60% You Share: 40%				Program Shares: 50% You Share: 50%										
Section 1		Services Eligible Prior to Meeting MSRA														
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.																
Telemedicine			Free				Not Eligible									
Wellness & Preventive Care			Unlimited				Program Shares: 50% You Share: 50%									
Primary Care			\$50 Consult Fee				Program Shares: 50% You Share: 50%									
Pediatrics			\$50 Consult Fee				Program Shares: 50% You Share: 50%									
OB/GYN			\$50 Consult Fee				Program Shares: 50% You Share: 50%									
Specialty Care			\$125 Consult Fee				Program Shares: 50% You Share: 50%									
Urgent Care			\$100 Consult Fee				Program Shares: 50% You Share: 50%									
Emergency Room^{1,2}			\$500 Consult Fee				\$500 Consult Fee									
Section 2		Services Eligible After Meeting MSRA^{2, 3}														
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.																
Maternity⁴			Prenatal: Included Delivery: Included				Program Shares: 50% You Share: 50%									
Generic & Non-preferred Prescription			Discount No Cost Sharing				Not Eligible									
Preferred Prescription⁵			Discount 50% Cost Sharing				Not Eligible									
Mail Order Prescription⁵			Discount 75% Cost Sharing				Not Eligible									
Inpatient Services⁶																
Hospitalization			Program Shares: 60% You Share: 40%				Program Shares: 50% You Share: 50%									
Surgical⁷			Program Shares: 60% You Share: 40%				Program Shares: 50% You Share: 50%									
Outpatient Services⁸																
Hospitalization			Program Shares: 60% You Share: 40%				Program Shares: 50% You Share: 50%									
Surgical⁷			Program Shares: 60% You Share: 40%				Program Shares: 50% You Share: 50%									

Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ⁸	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$393.01	\$589.52	\$786.02	\$352.35	\$528.54	\$704.71	\$325.25	\$487.88	\$650.51	\$260.20	\$390.31	\$520.40
30–39	\$491.26	\$736.89	\$982.52	\$440.45	\$660.66	\$880.89	\$406.57	\$609.85	\$813.12	\$325.25	\$487.88	\$650.51
40–49	\$540.39	\$810.58	\$1,105.34	\$484.49	\$726.74	\$991.00	\$447.22	\$670.83	\$914.77	\$357.77	\$536.66	\$731.81
50–59	\$702.40	\$1,209.68	\$1,430.80	\$621.63	\$1,070.58	\$1,266.28	\$573.81	\$988.23	\$1,168.87	\$459.05	\$790.58	\$935.09
60–64	\$937.86	\$1,634.57	\$1,741.75	\$840.85	\$1,465.48	\$1,561.57	\$776.17	\$1,352.75	\$1,441.45	\$620.94	\$1,082.20	\$1,153.16

- Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$500 consult fee will be applied to the MSRA.
 - Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. Pre-existing or recurring occurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible for sharing on new cancer occurrences. All other healthcare services for pre-existing conditions and new occurrences of cancer are eligible upon effective date.
 - Pre-existing conditions: chronic or recurrent conditions that have shown symptoms and/or received treatment within the past 24 months are not eligible for sharing during the first 24 months of membership. On the 25th month of continuous membership, the condition will no longer be subject to the pre-existing condition sharing limitations.
 - Maternity services are included at program co-expense (program pays 60% after MSRA in-network and 50% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.
 - Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per program year.
 - Imaging (CT scans, PET scans, MRIs); labs; x-rays and diagnostic imaging will be eligible at co-expense (program pays 60% after MSRA in-network and 50% after MSRA non-network).
 - Non-emergency surgical services are unavailable for the first two months for Bronze plans. Surgical services do not include cosmetic surgery.
 - Members under the age of 26 can qualify as a dependent.
- Administrative and conditional fees:** \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

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SILVER PROGRAM DETAILS

PROGRAM SERVICES PER MEMBER		MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000 \$10,000	
MSRA (per family of 3+ members)		\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per member within sharing limits)		\$3,000 \$7,500 \$15,000 \$30,000	\$6,000 \$15,000 \$30,000 \$60,000
Out-of-pocket Maximum (per family within sharing limits)		\$9,000 \$22,500 \$45,000 \$90,000	\$18,000 \$45,000 \$90,000 \$180,000
Lifetime Maximum Limit		\$1,000,000	\$1,000,000
Co-expense		Program Shares: 70% You Share: 30%	Program Shares: 60% You Share: 40%
Section 1		Services Eligible Prior to Meeting MSRA	
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.			
Telemedicine		Free	Not Eligible
Wellness & Preventive Care		Unlimited	Program Shares: 60% You Share: 40%
Primary Care		\$35 Consult Fee	Program Shares: 60% You Share: 40%
Pediatrics		\$35 Consult Fee	Program Shares: 60% You Share: 40%
OB/GYN		\$35 Consult Fee	Program Shares: 60% You Share: 40%
Specialty Care		\$75 Consult Fee	Program Shares: 60% You Share: 40%
Urgent Care		\$75 Consult Fee	Program Shares: 60% You Share: 40%
Emergency Room^{1,2}		\$300 Consult Fee	\$500 Consult Fee
Section 2		Services Eligible After Meeting MSRA^{2,3}	
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.			
Maternity⁴		Prenatal: Included Delivery: Included	Program Shares: 60% You Share: 40%
Generic & Non-preferred Prescription		Discount No Cost Sharing	Not Eligible
Preferred Prescription⁵		Discount 50% Cost Sharing	Not Eligible
Mail Order Prescription⁵		Discount 75% Cost Sharing	Not Eligible
Inpatient Services⁶			
Hospitalization		Program Shares: 70% You Share: 30%	Program Shares: 60% You Share: 40%
Surgical⁷		Program Shares: 70% You Share: 30%	Program Shares: 60% You Share: 40%
Outpatient Services⁶			
Hospitalization		Program Shares: 70% You Share: 30%	Program Shares: 60% You Share: 40%
Surgical⁷		Program Shares: 70% You Share: 30%	Program Shares: 60% You Share: 40%

Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age⁸	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$471.61	\$707.42	\$943.23	\$422.83	\$634.24	\$845.65	\$390.31	\$585.45	\$780.60	\$312.24	\$468.36	\$624.48
30–39	\$589.52	\$884.28	\$1,179.03	\$528.54	\$792.80	\$1,057.06	\$487.88	\$731.81	\$975.75	\$390.31	\$585.45	\$780.60
40–49	\$648.46	\$972.71	\$1,326.41	\$581.38	\$872.08	\$1,189.20	\$536.66	\$805.00	\$1,097.72	\$429.34	\$644.00	\$878.17
50–59	\$842.88	\$1,451.62	\$1,716.97	\$745.95	\$1,284.69	\$1,519.53	\$688.57	\$1,185.87	\$1,402.65	\$550.86	\$948.69	\$1,122.11
60–64	\$1,125.44	\$1,961.48	\$2,090.11	\$1,009.02	\$1,758.57	\$1,873.89	\$931.40	\$1,623.29	\$1,729.74	\$745.12	\$1,298.63	\$1,383.80

1. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA.
2. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. Pre-existing or recurring occurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible for sharing on new cancer occurrences. All other healthcare services for pre-existing conditions and new occurrences of cancer are eligible upon effective date.
3. Pre-existing conditions: during the first 24 months of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per program year, only after a separate MSRA equal to two times your program MSRA has been met. On the 25th month of continuous membership, the condition will no longer be subject to the preexisting condition sharing limitations.
4. Maternity services are included at program co-expense (program pays 70% after MSRA in-network and 60% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child
5. Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per program year.
6. Imaging (CT scans, PET scans, MRIs); labs; x-rays and diagnostic imaging will be eligible at co-expense (program pays 70% after MSRA in-network and 60% after MSRA non-network).
7. Non-emergency surgical services are unavailable for the first two months for Silver plans. Surgical services do not include cosmetic surgery.
8. Members under the age of 26 can qualify as a dependent.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

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GOLD PROGRAM DETAILS

PROGRAM SERVICES PER MEMBER		MuliPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000 \$10,000	
MSRA (per family of 3+ members)		\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per member within sharing limits)		\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per family within sharing limits)		\$9,000 \$22,500 \$45,000 \$90,000	
Lifetime Maximum Limit		\$1,000,000	
Co-expense		Program Shares: 80% You Share: 20%	
Section 1		Services Eligible Prior to Meeting MSRA	
The services in Section 1 are available to AlieraCare members upon enrollment. They do not require you to meet MSRA prior to using them.			
Telemedicine		Free	
Wellness & Preventive Care		Unlimited	
Primary Care		\$20 Consult Fee	
Pediatrics		\$20 Consult Fee	
OB/GYN		\$20 Consult Fee	
Specialty Care		\$75 Consult Fee	
Urgent Care		\$75 Consult Fee	
Emergency Room^{1,2}		\$150 Consult Fee	
Section 2		Services Eligible After Meeting MSRA^{2,3}	
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.			
Maternity⁴		Prenatal: Included Delivery: Included	
Generic & Non-preferred Prescription		Discount No Cost Sharing	
Preferred Prescription⁵		Discount 50% Cost Sharing	
Mail Order Prescription⁵		Discount 75% Cost Sharing	
Inpatient Services⁶			
Hospitalization		Program Shares: 80% You Share: 20%	
Surgical⁷		Program Shares: 80% You Share: 20%	
Outpatient Services⁸			
Hospitalization		Program Shares: 80% You Share: 20%	
Surgical⁷		Program Shares: 80% You Share: 20%	

Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ⁸	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$524.02	\$786.02	\$1,048.03	\$469.80	\$704.71	\$939.61	\$433.66	\$650.51	\$867.34	\$346.94	\$520.40	\$693.86
30–39	\$655.02	\$982.52	\$1,310.03	\$587.26	\$880.89	\$1,174.52	\$542.08	\$813.12	\$1,084.17	\$433.66	\$650.51	\$867.34
40–49	\$720.52	\$1,080.78	\$1,473.79	\$645.98	\$968.97	\$1,321.33	\$596.29	\$894.44	\$1,219.69	\$477.03	\$715.55	\$975.75
50–59	\$936.52	\$1,612.91	\$1,907.74	\$828.83	\$1,427.43	\$1,688.37	\$765.08	\$1,317.63	\$1,558.49	\$612.06	\$1,054.11	\$1,246.80
60–64	\$1,250.49	\$2,179.43	\$2,322.34	\$1,121.13	\$1,953.97	\$2,082.09	\$1,034.89	\$1,803.66	\$1,921.94	\$827.91	\$1,442.93	\$1,537.55

- Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$150 consult fee will be applied to the MSRA.
- Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. Pre-existing or recurring occurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible for sharing on new cancer occurrences. All other healthcare services for pre-existing conditions and new occurrences of cancer are eligible upon effective date.
- Pre-existing conditions: during the first 24 months of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per program year, only after a separate MSRA equal to two times your program MSRA has been met. On the 25th month of continuous membership, the condition will no longer be subject to the preexisting condition sharing limitations.
- Maternity services are included at program co-expense (program pays 80% after MSRA in-network and 70% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.
- Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per program year.
- Imaging (CT scans, PET scans, MRIs); labs; x-rays and diagnostic imaging will be eligible at co-expense (program pays 80% after MSRA in-network and 70% after MSRA non-network).
- Non-emergency surgical services are unavailable for the first two months for Gold plans. Surgical services do not include cosmetic surgery.
- Members under the age of 26 can qualify as a dependent.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

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STATEMENT OF BELIEFS

Because Trinity HealthShare, Inc. is a religious organization, members are required to agree with the organization's Statement of Beliefs:

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.
2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when they are in need, according to our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family, or other valued advisor.

LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that health care sharing ministry plans are not insurance, and that the ministry does not provide any guarantee or promise to pay your medical expenses.

GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

Trinity HealthShare, Inc. is not an insurance company, and membership is not offered through an insurance company. Trinity HealthShare, Inc. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance.

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STATE SPECIFIC NOTICES (CONTINUED)

Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

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HealthShare
TrinityHealthShare.com

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Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania 40 Penn. Statute Section 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Wisconsin Statute 600.01 (1) (b) (9)

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

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Appendix 2

Affordable. Alternative. Healthcare.

Choose a healthcare program to fit your needs & budget.

Offered through 

Everyday Programs as low as \$173	Comprehensive Programs as low as \$261	Catastrophic Programs as low as \$105	Interim Programs as low as \$91
VIEW PROGRAM OPTIONS			VIEW PROGRAM OPTIONS

Enroll Now & Save Up to 35%!
Fill out the form or call us at 855-208-6009

First Name	Last Name
Email Address	Phone Number
Age	Zip Code
<small>By clicking on the button below, you are giving express informed consent to receive information from third parties.</small>	
TALK TO AN AGENT	





Our healthcare sharing programs put you and your family at the center of great healthcare.

If you are looking for an alternative solution to the rising costs of health insurance without sacrificing on great healthcare, Trinity healthcare sharing programs are right for you. Discover why thousands of people have joined Trinity HealthShare and believe our health sharing ministry is a positive alternative to traditional health insurance.



Solutions that work for you

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Non-profit healthcare sharing ministry.

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Catastrophic

Basic Care

Standard (Everyday)

Comprehensive

Interim Medical

Supplemental Programs

Dental

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Learn about how Healthcare Cost-Sharing works

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Fill out the form or call us at 800-333-3510

First Name
Last Name
Email Address
Phone Number
Age
ZIP Code

INTERIM PROGRAMS
AS LOW AS \$91
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CATASTROPHIC PROGRAMS
AS LOW AS \$105
VIEW PROGRAM OPTIONS

EVERYDAY PROGRAMS
AS LOW AS \$173
VIEW PROGRAM OPTIONS

COMPREHENSIVE PROGRAMS
AS LOW AS \$261
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INTERIM PROGRAMS
AS LOW AS \$91
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Trinity HealthShare Programs are exclusively offered through ENSURIAN.

Healthcare sharing is non insurance.

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ECONOMY MEADIER (855) 205-3510

Medical Cost Sharing: A Viable Alternative to Traditional Healthcare

With the rising costs of health insurance, people are looking for alternatives. Nobody wants to pay more for less, yet that is what is happening in the insurance market today. Coverage is going down as cost is going up. Trinity HealthShare's medical cost sharing programs provide affordable and effective alternatives for those who believe in individual responsibility, healthy living, and caring for one another.

Trinity HealthShare and traditional insurance are not the same. Trinity HealthShare is a Health Care Sharing Ministry (HCSM) and not traditional health insurance. With traditional health insurance, the insured are charged for copays and deductibles and patient responsibility amounts besides the premiums that are sent into the insurance agency. Those who strive to take care of their bodies end up paying to cover those who don't.

Traditional Health Insurance

④ Premiums

Every month, members pay a fee to insurance companies for coverage.

Trinity HealthShare - HCSM

④ Contributions

Every month, members send their contributions (premiums) to Trinity HealthShare where they're deposited into the members'

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Trinity HealthShare is a Health Care Sharing Ministry (HCSM) and not traditional health insurance. With traditional health insurance, the insured are charged for copays and deductibles and patient responsibility amounts besides the premiums that are sent into the insurance agency. Those who strive to take care of their bodies end up paying to cover those who don't.

Traditional Health Insurance

Trinity HealthShare – HCSM

Contributions

- ⌚ Premiums Every month, members send their contributions (premiums) to Trinity HealthShare where they're deposited into the members' "shareboxes," awaiting dispersal to a member's medical bills.
- ⌚ Deductibles Before the insurance pays any bills, the deductible must be met. Once it's met, only a percentage of each bill is covered until the member reaches the maximum out-of-pocket. Some insurances have a separate prescription deductible.
- ⌚ Copays Every time a member goes to the doctor, lab, specialist, hospital or picks up a prescription, he or she must pay a copay that does not go towards the deductible.

Copayless

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Maximum out-of-pocket

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- ⌚ Copays Every time a member goes to the doctor, lab, specialist, hospital or picks up a prescription, he or she must pay a copay that does not go towards the deductible.

Co-expenses

- ⌚ Premiums Every month, members send their contributions (premiums) to Trinity HealthShare where they're deposited into the members' "shareboxes," awaiting dispersal to a member's medical bills.
- ⌚ Member Shared Responsibility Amount (MSRA) Similar to a deductible in that it is a set amount that must be met before medical bills are paid; once the MSRA is met, the money from members' shareboxes are used to cover eligible medical expenses.

Member Shared Responsibility Amount (MSRA)

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Maximum out-of-pocket

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- ⌚ Maximum out-of-pocket All expenses except for co-expenses add together to reach the member's maximum out-of-pocket amount. Once the maximum out-of-pocket amount is reached, Trinity HealthShare cost-shares 100%.

Maximum out-of-pocket

- ⌚ Premiums Every month, members send their contributions (premiums) to Trinity HealthShare where they're deposited into the members' "shareboxes," awaiting dispersal to a member's medical bills.
- ⌚ Member Shared Responsibility Amount (MSRA) Similar to a deductible in that it is a set amount that must be met before medical bills are paid; once the MSRA is met, the money from members' shareboxes are used to cover eligible medical expenses.
- ⌚ Maximum out-of-pocket All expenses except for co-expenses add together to reach the member's maximum out-of-pocket amount. Once the maximum out-of-pocket amount is reached, Trinity HealthShare cost-shares 100%.

Telemedicine

- ⌚ Premiums Every month, members send their contributions (premiums) to Trinity HealthShare where they're deposited into the members' "shareboxes," awaiting dispersal to a member's medical bills.
- ⌚ Member Shared Responsibility Amount (MSRA) Similar to a deductible in that it is a set amount that must be met before medical bills are paid; once the MSRA is met, the money from members' shareboxes are used to cover eligible medical expenses.
- ⌚ Maximum out-of-pocket All expenses except for co-expenses add together to reach the member's maximum out-of-pocket amount. Once the maximum out-of-pocket amount is reached, Trinity HealthShare cost-shares 100%.
- ⌚ Telemedicine Helping members eliminate expenses, individuals can "see" a U.S. board-certified doctor over the phone or via video chat at no expense. These doctors can make diagnoses, write prescriptions, and make referrals.

In addition to eliminating hidden costs, health care sharing ministries encourage wholesome living by requiring members to sign agreements stating they will maintain a healthy lifestyle and avoid foods, behaviors or habits that produce sickness or disease in themselves or others. A healthy way of life translates into lower monthly contributions and lower medical costs for the membership as a whole. Higher MSRAs also help reduce monthly contributions, allowing members to set aside the savings to help pay the higher MSRA if they need to.

Trinity HealthShare is a HCSM and bases its principles of healthcare upon sharing one another's burdens. With most medical cost sharing programs, individuals come together around a common religious or ethical belief, or both. Members must sign a statement of beliefs in order to join a HCSM.

Learn about how healthcare sharing programs work.

Trinity HealthShare's healthcare sharing programs are quite simple, with only six steps involved.

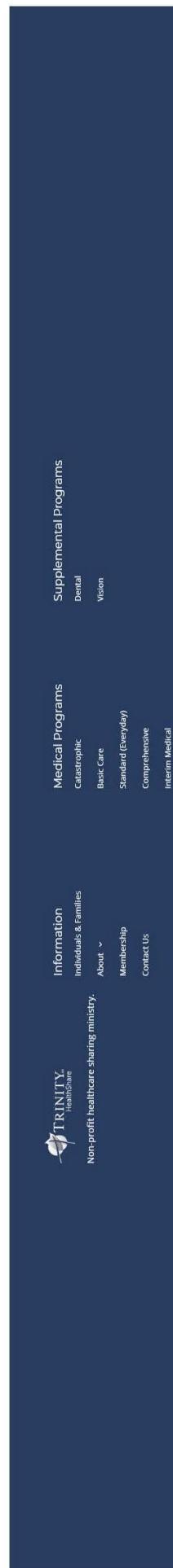


Show your member ID when you experience medical costs. Your doctor should recognize the network.

Doctors and Hospitals are Paid

Trinity HealthShare pays the shareable amount of medical bills to your healthcare providers, but it will not pay inflated rates.

Affordable quality healthcare sharing programs can be found for those who embrace a healthy lifestyle. No longer does quality have to be sacrificed because of cost. With Trinity HealthShare, there is a viable alternative to traditional healthcare.





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FAQs

Frequently Asked Questions About Health Cost Sharing

[Home / About / FAQs](#)

FAQs

► What medical needs are eligible for sharing?

Medical needs eligible to be shared by Trinity HealthShare members compare favorably to their prior medical coverage. Eligible medical needs are listed in the membership guidelines.

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FAQs

Frequently Asked Questions About Health Cost Sharing

[Home / About / FAQs](#)

FAQs

► What medical needs are eligible for sharing?

► Are maternity benefits included?

Yes. In the Premium offering, maternity benefits are available after 10 consecutive months of membership prior to conception. Trinity HealthShare will share up to \$5,000 per natural delivery, up to \$6,000 for a cesarean section delivery when medically necessary and up to \$50,000 should difficulties or medical complications arise.



[Home / About / FAQs](#)

FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
Becoming a member is simple; complete the membership application process online.



FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?
Your monthly contribution depends on the number of members in your family and the type of membership you desire.



FAQS

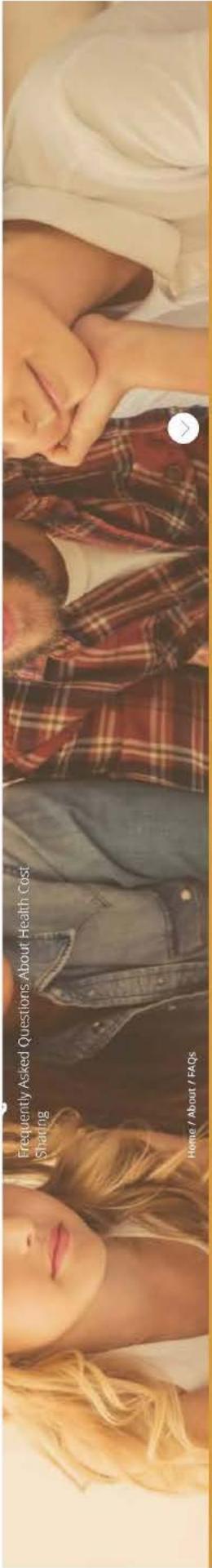
- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?

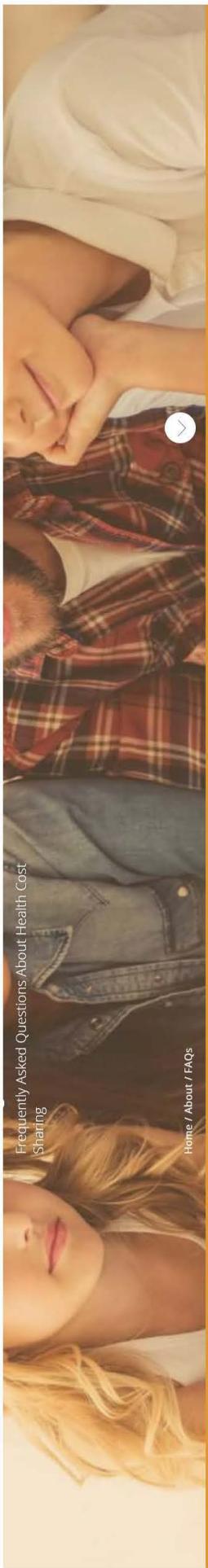
► Do contributions fluctuate each month?

No. The contributions do not fluctuate from month-to-month. However, contributions are subject to review by the Board of Directors on an annual basis. Adjustments may be made periodically, usually on an annual basis, to meet the needs of the membership.

FAQS

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?
- Do contributions fluctuate each month?
- Are there religious restrictions for membership in Trinity HealthShare?
 - ▼ Trinity HealthShare welcomes members of all faiths who can honor the Statement of Beliefs, by which the Trinity HealthShare program operates.





Frequently Asked Questions About Health Cost
Sharing

[Home / About / FAQs](#)

FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?
- Do contributions fluctuate each month?
- Are there religious restrictions for membership in Trinity HealthShare?
- What about pre-existing conditions?

Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 24 months prior to the application date is considered a pre-existing condition. Symptoms include but are not limited to the following: abnormal discharge or bleeding; abnormal growth; break; cut or tear; discoloration; deformity; full or partial loss of use; obvious damage, illness or abnormality; impaired breathing; impaired motion; inflammation or swelling; itching; numbness; pain that interferes with normal use; unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period; fainting; loss of consciousness, or seizure; abnormal results from a test administered by a medical practitioner.

FAQS

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?
- Do contributions fluctuate each month?
- Are there religious restrictions for membership in Trinity HealthShare?
- What about pre-existing conditions?

► Is membership with Trinity HealthShare a contract or can I quit anytime?

▼ It is NOT a contract. You can choose to quit the membership at any time. There is a \$125 application fee and a non-refundable \$25 fee for Trinity Ministries if you choose to quit after being accepted to the membership. Trinity HealthShare requests proper notification from a member who chooses to quit for any reason. For more information please see Member Guidelines.



FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- Do contributions fluctuate each month?
- Are there religious restrictions for membership in Trinity HealthShare?
- What about pre-existing conditions?
- Is membership with Trinity HealthShare a contract or can I quit anytime?
- What guarantees do I have that my contributions will be used correctly?

► What guarantees do I have that my contributions will be used correctly?
Financial integrity and accountability of Trinity HealthShare is very important. We adhere to the highest standards for operating and maintaining the utmost level of accountability through our auditing procedures and board of directors. Trust from our members is very important to us and there are several ways in which we maintain our trust from all members.

FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
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- Is membership with Trinity HealthShare a contract or can I quit anytime?
- What guarantees do I have that my contributions will be used correctly?
- What happens if my monthly contribution is late?

Monthly contributions are due on the 1st or 15th of each month, dependent on effective date. If the monthly contribution is not received by the due date, an administrative fee will be assessed to track, receive, and post the monthly contribution. If the monthly contribution is not received by the end of the month, a membership becomes inactive as of the last day of the preceding month in which a monthly contribution was received.

FAQs

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- Are maternity benefits included?
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- What guarantees do I have that my contributions will be used correctly?
- What happens if my monthly contribution is late?
- How does my doctor or hospital get paid?

Once your medical provider has properly processed your medical claim to be shared by the membership, the medical need is adjudicated and payment is issued directly to the provider.

FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
- How do I become a member?
- How much will Trinity HealthShare cost?
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- Is membership with Trinity HealthShare a contract or can I quit anytime?
- What guarantees do I have that my contributions will be used correctly?
- What happens if my monthly contribution is late?
- How does my doctor or hospital get paid?
- What happens if I have a discrepancy with a non-eligible medical need?
 - If a need is denied as non-eligible, and there is a dispute, the aggrieved member or any other aggrieved party may seek reconsideration only through the appeal procedure described in the Member Guidelines.

FAQs

- ▶ What medical needs are eligible for sharing?
- ▶ Are maternity benefits included?
- ▶ How do I become a member?
- ▶ How much will Trinity HealthShare cost?
- ▶ Do contributions fluctuate each month?
- ▶ Are there religious restrictions for membership in Trinity HealthShare?
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- ▶ What happens if my monthly contribution is late?
- ▶ How does my doctor or hospital get paid?
- ▶ What happens if I have a discrepancy with a non-eligible medical need?
- ▶ Can I be a member of Trinity HealthShare and also have medical insurance?
Yes, a member can have health insurance through work or another source. If a member has medical insurance and a Trinity HealthShare membership, the medical insurance is the primary source for paying medical claims. Trinity Healthshare membership shares in the portion that the health insurance plan does not cover.

FAQs

- What medical needs are eligible for sharing?
- Are maternity benefits included?
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- Can I be a member of Trinity HealthShare and also have medical insurance?

► Is Trinity HealthShare insurance?
No, Trinity HealthShare is not insurance. This publication or membership is not issued by an insurance company, nor is it offered through an insurance company.

Standard (Everyday) Programs
Everyday affordable healthcare for the entire family

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AllCare VIP
- Comprehensive
AllCare B&G
- Interim Medical
Intericare
- **Supplemental**
Dental
Vision

**Standard Healthcare Program:
An Economic Program for the Family**

With the rising cost of health insurance and the frustrations of trying to obtain the desired healthcare in either the private sector or the Marketplace, Trinity HealthShare offers a refreshing alternative. Not a traditional medical plan, Trinity offers an everyday program that has broad services at a reasonable price. A refreshing option in today's frustrating market.

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TRINITY[®] Healthcare

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- How It Works
- FAQs
- **Basic Care**
- Primacare

This is a Healthcare Sharing Ministry (HCSM) Product

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Ready To Enroll?

VIEW PROGRAM OPTIONS

Trinity's standard healthcare program

Trinity's affordable health program alternative—AleraCare Value | Plus | Premium—offers low-cost healthcare for both individuals and families. This affordable individual healthcare provides individuals and families with immediate access to doctors through office visits, urgent care, and telemedicine.

Telemedicine allows members to reach a U.S.-board-certified doctor 24/7 from the comfort of their home rather than having to brave the crowds when feeling ill. Members can speak with a physician on the phone or by video and can receive prescriptions and follow-up recommendations without having to take time off of work or wait in crowded waiting rooms. With this affordable healthcare, unlimited telemedicine is offered through the program.

Preventive care is also eligible for costsharing with zero out-of-pocket expenses and no member responsible shared amount (MRSA) for in-network providers and labs. Flu shots, regular annual screenings, and immunizations are all eligible with this low-cost individual healthcare. An average savings of 55% on every prescription is seen by members.

Trinity's affordable individual health program include primary care physician visits, pharmaceuticals, basic eye and hearing exams, both in and outpatient procedures, extended hospitalizations, urgent care needs, labs, and diagnostic procedures. It's an all-inclusive, affordable healthcare option. Even people with pre-existing conditions can get good healthcare—reaching a doctor whenever they need through telemedicine.

The difference between standard (everyday) healthcare program and major medical

Major medical typically includes preventive care, a prescription drug program, emergency services, hospitalization, and its associated costs. While carrying major medical can be reassuring, the soaring costs of healthcare and rigid open enrollment periods have made it very difficult and often unattainable for many hard-working Americans.

Trinity program are not considered "insurance" which means they don't have to cut through the red tape required by traditional insurance mandates. Trinity program such as AleraCare Value | Plus | Premium allow members to achieve comparable cost assurances for catastrophic healthcare services (including preventive care and immediate access to doctors through office visits, urgent care, and telemedicine) at a much lower cost because they are supported by a healthcare sharing organization that facilitates medical cost sharing between members.

The difference between standard (everyday) healthcare program and major medical

Major medical typically includes preventive care, a prescription drug program, emergency services, hospitalization, and its associated costs. While carrying major medical can be reassuring, the soaring costs of healthcare and rigid open enrollment periods have made it very difficult and often unaffordable for many hard-working Americans.

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The standard healthcare plan's ideal candidate

Trinity's standard healthcare is ideal for individuals and families who want both physician and hospitalization at lower costs. With low monthly contribution costs, members can set aside money to help pay for the higher MSRA, which works like a deductible in traditional insurance. Members can also choose how high or low they want the MSRA to be with three programs setting the MSRA to \$5,000, \$7,500, or \$10,000.

Known in the industry as everyday health programs or low-cost comprehensive healthcare, Trinity's standard health program option is paving the way to a new style of healthcare.

The screenshot shows a dark blue header with the AllieraCare logo. Below the header, there is descriptive text about the standard healthcare program, mentioning 'Value | Plus | Premium' options, and highlighting that it is recommended for individuals and families who are primarily healthy and whose main concern is preventive services and basic medical needs, as well as cost sharing for a catastrophic care event. A bold statement 'THESE ARE NOT INSURANCE PRODUCTS.' is present. At the bottom, there are two buttons: 'VIEW PROGRAM' and 'OPTIONS'.

Comprehensive Programs

An affordable alternative to traditional health plans

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HealthShare

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Comprehensive Healthcare: An Alternative to Major Medical

The cost of traditional medical plans continues to rise, even as the quality and quantity of healthcare services they offer decreases. The one-size-fits-all model of care isn't really a solution for a lot of people. That's why Trinity HealthShare provides a variety of comprehensive healthcare programs that give individuals and families quality healthcare choices at a price they can afford.

Ready To Enroll? [View Program Options](#)

< Home

Individual & Family

- Catastrophic
CarePlus Advantage
- Standard (Everyday)
AllCareCare®
- Comprehensive
AllCare 2Go
- Interim Medical
InterimCare
- Supplemental
Dental
Vision
- Healthcare Cost Sharing



- [Healthcare Cost Sharing](#)
- How It Works
- FAQ's
- [Basic Care](#)
- Primary Care

This is a Healthcare Sharing Ministry (HCSM) Product.

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 **ENSURIAN**

What is a Trinity comprehensive program?

Comprehensive healthcare programs provide services for a full spectrum of medical needs—from wellness, preventive and sick care to help with unforeseen medical emergencies.

Services included in a Trinity comprehensive program:

- Free telemedicine
- Unlimited wellness & preventive
- Primary care
- Urgent care
- Specialty care
- Prescription discount program
- Maternity care
- Emergency room
- Hospitalization
- Surgical

The ideal candidate for a comprehensive medical program

A comprehensive healthcare program is designed to meet a member's full range of medical needs. It is a perfect solution for those who have pre-existing conditions, need chronic medical care or have growing families. It's also great for those who simply want to have peace of mind, knowing that they will be able to receive the healthcare services they need, when they need them.

Consider a Trinity comprehensive healthcare program if you:

- Can't afford a traditional medical plan through healthcare.gov or your employer
- Are not eligible for government subsidies
- Want a more comprehensive solution—similar to the traditional options you may be accustomed to seeing
- Missed open enrollment

How Trinity's comprehensive healthcare program works

Because Trinity's comprehensive health programs are based on cost sharing, monthly contributions are much lower than with traditional major medical plans. The trade-off is that the member shared responsibility amount (MSRA) is high. The MSRA is the amount of money a member must pay out of pocket before cost sharing begins. Once the MSRA is reached, members share a portion of all eligible services until the yearly out-of-pocket maximum is met. With several different types of programs to choose from, individuals can pick a yearly MSRA anywhere from \$1,000 to \$10,000; families between \$3,000 and \$30,000.

Trinity HealthShare's membership requirements

The only requirement to participate in a comprehensive medical healthcare program is that members must complete an enrollment form in which they agree to and sign a Short Statement of Beliefs. Like any healthcare plan, there are limitations and exclusions to the services offered with each of the Trinity solutions; therefore, it's important that members understand the advantages and disadvantages of the plans they choose.





Individual & Family Healthcare

Affordable health sharing programs for you and your family. Get easy with our low-cost program options.

Individual & Family

Image: Individual & Family

< Home

Individual & Family

- Catastrophic
Catastrophic Advantage
- Standard (Everyday)
AlienCare VPP
- Comprehensive
AlienCare 85G
- Interim Medical
Interim Care
- Supplemental
Dental
Vision

Health sharing programs that provide you and your family with peace of mind

Today, most people get their healthcare plans through work. But every year, more people are choosing to shop in the private marketplace.

For some individuals and families, there are key advantages to choosing their own personal medical plans over employer options—affordability, portability and customization. Whether you are a single individual, have a family, are self-employed, are a student, or are just looking for the best health plan for your unique needs, you should consider a program from Trinity HealthShare.

 **Catastrophic**

Trinity's catastrophic healthcare plan, CarePlus Advantage, is best suited for individuals and families who are primarily healthy and looking to provide security to their family knowing they are eligible for cost sharing for catastrophic hospitalization events or needs, plus emergency room cost sharing.

THIS IS NOT AN INSURANCE PRODUCT

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 **Standard (Everyday)**

Trinity's standard healthcare plan, Trinity Value | Plus | Premium, is recommended for individuals and families who are primarily healthy and whose main concern is preventive services and basic medical needs, as well as cost sharing for a catastrophic care event.

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 **Comprehensive**

Trinity's comprehensive health plan, Trinity Bronze | Silver | Gold, is designed for those who want comprehensive healthcare closer to traditional medical plans, but are seeking affordable alternatives to major medical. From the doctor's office to the operating table, access comprehensive medical services when you need them most.

THESE ARE NOT INSURANCE PRODUCTS

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Interim Medical

Trinity's interim medical plan, InterimCare, is a great option for those in-between medical plans. Our interim plans are affordable, and are designed to cost-share you and your family's healthcare expenses during a transition. InterimCare offers low cost care when you know you have infrequent medical needs, but still need peace of mind.

THESE ARE NOT INSURANCE PRODUCTS

[VIEW PROGRAM OPTIONS](#)

Supplemental

Life is full of unpredictable events, and unfortunately they often come when you least expect—and can least afford it. Supplemental health plans help with out-of-pocket expenses associated with eye exams, teeth cleanings, ER visits, or prescription drugs.

THESE ARE NOT INSURANCE PRODUCTS

[VIEW DIAH OPTIONS](#)

Basic Care

Our basic care plans are a healthcare solution centered around the importance of primary care. Regardless of a person's age there is a critical need for regular preventive care, making a basic healthcare plan a necessity at minimum.

THESE ARE NOT INSURANCE PRODUCTS

[VIEW DIAH OPTIONS](#)



Catastrophic Programs
Security for catastrophic events & hospitalization

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TRINITY™
HealthShare

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Catastrophic Healthcare Program: Is It for Me?

People often worry about the cost of hospitalization and surgery. They're concerned that when the unexpected hits, they won't be able to afford the costs. Generally, they're pretty healthy, but what if an accident happens or the unthinkable occurs? Catastrophic health programs can give peace of mind that the high costs of medical treatment will be eligible for cost-sharing if the unforeseen becomes today's reality.

Ready To Enroll? [VIEW PROGRAM OPTIONS](#)

< Home

- Individual & Family
 - Catastrophic**
 - CarePlus Advantage
 - Standard (Everyday)
 - AllerCare VP
 - Comprehensive**
 - AllerCare 85G
 - Interim Medical**
 - InterimCare
 - Supplemental**
 - Dental
 - Vision

- Healthcare Cost Sharing
 - How It Works
 - FAQs
 - Basic Care
 - Primary Care
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Catastrophic healthcare cost sharing can give you peace of mind

Catastrophic healthcare offers assistance with the cost of major medical events—such as hospitalizations, traumas, sudden illnesses, and accidents. Trinity's catastrophic healthcare program offers services such as inpatient and outpatient surgeries, performed in hospitals and ambulatory surgical centers (ASC). Catastrophic healthcare plans have limited services and do not offer regular office visits and medications.

The ideal candidate for a catastrophic medical program

Catastrophic medical programs are an ideal choice to assist with the costs of those unforeseen emergencies and are intended for those who either have no other healthcare, or who can simply not afford the high price of a traditional, full-coverage medical plan. Catastrophic health programs are also a viable option for those who are healthy and don't spend a lot of time at the doctor's office. Catastrophic healthcare allows them to save money each month.

Since doctor's visits and prescriptions are not eligible for cost sharing, those who tend to be in the doctor's office frequently or have a pre-existing condition, should consider carrying a different type of program. Pre-existing conditions are not eligible for cost sharing with CarePlus Advantage.

The difference between catastrophic healthcare programs and major medical

Major medical typically includes preventive care, a prescription drug program, emergency services, hospitalization, and its associated costs. While carrying major medical can be reassuring, the soaring costs of healthcare and rigid open enrollment periods have made it very difficult and often unattainable for many hard-working Americans.

Trinity programs are not considered "insurance" which means they don't have to cut through the red tape required by traditional insurance mandates. Trinity programs such as CarePlus Advantage allow members to achieve comparable cost assurances for catastrophic healthcare services (including emergency care and hospitalization) at a much lower cost because they are supported by a healthcare sharing organization that facilitates medical cost sharing between members.

How Trinity's catastrophic healthcare program works

Members pay all medical expenses until the individual's Member Shared Responsibility Amount (MSRA) has been reached. Upon reaching the MSRA, all eligible hospitalization, surgical, or emergency room expenses are submitted for cost sharing at 100%. If a visit to the emergency room happens, the member is responsible for a \$300 consult fee. Upon admittance to the hospital, the \$300 then gets applied to the MSRA.

How Trinity's catastrophic healthcare program works

Members pay all medical expenses until the individual's Member Shared Responsibility Amount (MSRA) has been reached. Upon reaching the MSRA, all eligible hospitalization, surgical, or emergency room expenses are submitted for cost-sharing at 100%. If a visit to the emergency room happens, the member is responsible for a \$300 consult fee. Upon admittance to the hospital, the \$300 then gets applied to the MSRA.

Monthly contributions for catastrophic programs vary depending on age and the chosen MSRA. Low monthly contributions give members peace of mind knowing they are protected against major catastrophic events that could cripple them financially. Catastrophic healthcare programs provide a great combination of low price and good hospital services.

Having adequate healthcare is important. When illness strikes, no one wants to be worrying about medical expense while trying to get well. Catastrophic healthcare programs help give peace of mind in case the unimaginable happens.



Appendix 3

2019 MEMBER GUIDE



ALIERACARE™
BRONZE | SILVER | GOLD

INDIVIDUAL & FAMILY



AlieraCare Plans are NOT Insurance.

TABLE OF CONTENTS

02 MEMBER GUIDE

- 02 Welcome
- 02 Member Portal
- 03 Contact Information
- 04 Plan Services & Membership at a Glance
- 06 Getting Started

09 PART I: HOW TO USE YOUR MEMBERSHIP

- 09 Telemedicine
- 11 Preventive Care
- 11 Labs and Diagnostics
- 12 Urgent Care
- 14 Primary Care
- 14 Specialty Care
- 15 Hospitalization
- 15 PPO Network

16 PART II: HOW YOUR HEALTHCARE COST-SHARING MINISTRY (HCSM) WORKS

- 17 Membership Qualifications
- 20 Statement of Beliefs
- 20 Definition of Terms
- 22 Contributors' Instructions and Conditions

23 PART III: YOUR SUMMARY OF COST-SHARING

- 23 Eligible Medical Expenses
- 27 Limits of Sharing
- 27 Cost-Sharing for Pre-Existing Conditions
- 29 Medical Expenses Not Generally Shared By HCSM
- 32 Pre-Authorization Required
- 34 Dispute Resolution and Appeal
- 36 Appendix A: Plan Details Bronze Level
- 38 Appendix B: Plan Details Silver Level
- 40 Appendix C: Plan Details Gold Level
- 42 Appendix D: Terms, Conditions, & Special Considerations
- 45 Appendix E: Legal Notices

MEMBER GUIDE

WELCOME

Welcome to Aliera Healthcare, Inc. | Trinity HealthShare. Thank you for becoming a member. We are committed to providing you and your family with unparalleled service and care at an affordable cost, and we pledge to keep our focus on what's most important – your overall health and wellness.

Please take a few minutes to review the information in this guide. The more informed you are, the easier it will be to get the care you need when you need it the most. Your membership card(s) and this booklet provide important information about your Plan, as well as the steps you need to take to access healthcare at one of the thousands of participating network provider locations. Your welcome information, Member Portal access and temporary member cards are contained in your Welcome Email: please print it and save a copy for reference.

If you have any questions about your Plan, activating your Membership Card, setting up your telemedicine account, Rx discount program, or accessing a healthcare provider, please contact a Member Care Specialist for assistance, **Monday through Friday, 8 a.m. to 8 p.m. ET at (844) 834-3456.**

MEMBER PORTAL

Username and password credentials are needed to enter the Member's portal to update payment or personal information. Visit www.alierahc.com and click the Member Login tab. Your user name and password are on the Welcome Email sent at the time of initial enrollment. Member Services can send you a copy of this email following confirmation of identity.

CONTACT INFORMATION

For general information, account management, monthly contribution, or medical needs, please contact us:

Phone: 844-834-3456

Fax: 404-937-6557

Email: memberservices@alierahealthcare.com or
memberservices@trinityhealthshare.org

Online: www.alierahealthcare.com or
www.trinityhealthshare.org

Mail: PO Box 28220 Atlanta, GA 30358

DISCLAIMER

AlieraCare offering by Trinity HealthShare, through Aliera Healthcare, Inc., is a faith-based medical needs sharing membership. Medical needs are only shared by the members according to the membership guidelines. Our members agree to the Statement of Beliefs and voluntarily submit monthly contributions into a cost-sharing account with Trinity HealthShare, acting as a neutral clearing house between members. Organizations like ours have been operating successfully for years. We are including the following caveat for all to consider:

This publication or membership is not issued by an insurance company, nor is it offered through an insurance company. This publication or the membership does not guarantee or promise that your eligible medical needs will be shared by the membership. This publication or the membership should never be considered as a substitute for an insurance policy. If the publication or the membership is unable to share in all or part of your eligible medical needs, or whether or not this membership continues to operate, you will remain financially liable for any and all unpaid medical needs.

This is not a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical needs to other members as outlined in the membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in a sharing account, not from Trinity HealthShare.

PLAN SERVICES & MEMBERSHIP AT A GLANCE

Aliera Healthcare services in conjunction with Trinity HealthShare cost-sharing creates a full range of services and offerings, each part summarized below:

PREVENTIVE CARE

As part of our solution, the plans cover medical services recommended by the USPSTF and outlined in the ACA for preventive care. There is zero out of pocket expense and zero obligation to reach the Member Shared Responsibility Amount (MSRA) for any scheduled preventive care service or routine in-network check-up, pap smear, flu shot and more. It's easier to stay healthy with regular preventive care.

PRIMARY CARE

Primary Care is at the core of an Aliera Plan, and we consider it a key step in living a healthier lifestyle. Our model is based on an innovative approach to care that is truly patient-centered, combining excellent service with a modern approach. This includes medical care needs such as primary care, office visits, sick care, and the general care of a member's day to day medical needs.

CHRONIC MAINTENANCE

With an AlieraCare Bronze, Silver, or Gold plan, members are eligible to receive chronic care management from their primary care physician for conditions such as diabetes, asthma, blood pressure, cardiac conditions, etc.

LABS & DIAGNOSTICS

Labs at in-network facilities are included.

TELEMEDICINE

With full 24/7 365-day access to a board-certified physician, it has never been simpler to stay healthy. You can contact them easily by phone or via video chat. If it's something minor such as a sinus infection, poison ivy or pink eye they can even send a prescription right over to your pharmacist.

PRESCRIPTION DRUG PROGRAM

The AlieraCare Bronze, Silver, or Gold prescription savings program delivers significant discounts for a variety of drugs (depending on prescription), saving members an average of 55% on prescription drug purchases. After \$1,500 of prescription drug expenditures through Rx Valet, members are eligible for a percentage of reimbursement for preferred and mail order drugs. Maximum reimbursement of \$4,000 per plan year. See Appendix for details.

URGENT CARE

For those medical situations that can't wait or are more complex than primary care services, AlieraCare Bronze, Silver, and Gold plans offer access to Urgent Care facilities at hundreds of medical centers throughout the United States.

MEMBERSHIP

Trinity HealthShare is a health care sharing ministry (HCSM) which acts as an organizational clearing house to administer sharing contributions across qualifying members healthcare needs. The AlieraCare membership is NOT health insurance. The membership is based on a religious tradition of mutual aid, neighborly assistance, and burden sharing. The membership does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices in regards to health and care, and believe in helping others. Because Trinity HealthShare is a religious organization, members are required to agree with the organizations Statement of Beliefs; see Part II of this guide for the full description and membership details.

SPECIALTY CARE

For most everyday medical conditions, your PCP is your one-stop medical shop. However, there are cases when it's time to see a specialist who's had additional education and been board certified for that specialty. For situations like these, the AlieraCare Bronze, Silver, and Gold plans provides specialty care offerings at the cost of just a consult fee. A member will need to receive a PCP referral to see a specialist for treatment or consultation outside of their scope of knowledge.

HOSPITALIZATION

Hospitalization is eligible, once the Member Shared Responsibility Amount has been met, under all the individual plans.

SURGERY

Both in-patient and out-patient procedures are eligible, once the Member Shared Responsibility Amount has been met, under all individual plans.

EMERGENCY ROOM

An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death. Examples of an emergency include, but are not limited to, severe pain, choking, major bleeding, heart attack, or a sudden, unexplained loss of consciousness.

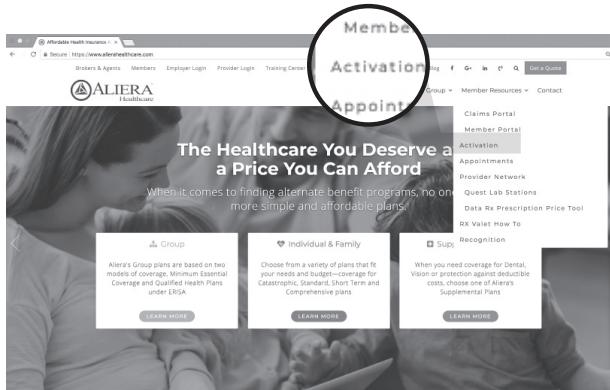
GETTING STARTED

WHAT DOES IT MEAN?

Many of the terms used in describing health cost-sharing may be unfamiliar to those new to the programs and plans provided by Aliera and Trinity. Please refer to the Definition of Terms section for a quick and easy understanding of terms used in this guide and other plan documents.

1. Activate Your Membership

On or after your effective date, visit **www.alierahealthcare.com** to securely enter your information. Click the Activation tab on the navigation bar and follow the instructions. **If you require assistance, contact a Member Care Specialist toll-free at (844) 834-3456 or email memberservices@alierahealthcare.com.**



2. Set Up Your Telemedicine Account

Follow the steps below to set up your telemedicine account. If you have not activated your Membership Card, or if your Membership fees are not paid up to date, you are not eligible to set up your telemedicine account.

- Set up your account (Primary Member)
Visit www.firstcalltelemed.com, click “Activate Now.” Follow the online instructions and provide the required information, including your medical history.
- Set up minor dependents (17 years or younger)
Log in to your account and click “My Family” on the top menu. Follow the online instructions to provide the necessary information and complete your dependent’s medical history.
- Set up adult dependents (18 – 26 years)
Adult dependents must set up their own account. Visit the website and click “Set up account.” Follow the online instructions to provide the required information and to complete your medical history.



3. Set Up Your Prescription Discount Account

Follow the steps below to set up your prescription discount account. If you have not activated your Membership Card, or if your Membership fees are not paid up to date, you are not eligible to set up your prescription discount account.

Please go to www.myrxvalet.com/memberlogin.php

- 1.** Enter your Member ID that is located on your Alera Healthcare ID card
- 2.** For your Group ID type in Alera
- 3.** Complete your profile for yourself and any dependents

After registration is complete, you will receive an email with instructions and a video on how to use Rx Valet for home delivery and at your local pharmacy.

Please download the Rx Valet APP on your smartphone at your convenience.

If you are experiencing an urgent situation and don't have time to set up your account, you can hand your Alera card to the pharmacist to receive your medication. The discount will not be as great, so please set up your account when you have time.

Home Delivery Prescription Information:

- Home Delivery orders are fulfilled exclusively through Advanced Pharmacy, LLC. To save time, have your physician send your prescription directly to Advanced Pharmacy electronically.
- Alternatively, they can also transfer your existing prescriptions from another pharmacy to fulfill your order. Please call their live Customer Care Team at 1-855-798-2538 and provide the medication details, pharmacy name, and pharmacy telephone number.
- Electronic prescriptions should be sent to Advanced Pharmacy, LLC located at **350-D Feaster Road Greenville, SC 29615**.

Phone: 855-240-9368

Fax: 888-415-7906

NPI: 1174830475

NCPDP: 4229971

4. Review Your Offerings

This guide contains the information you need to understand each offering available with your Plan. Keep your Member Card with you at all times; the contact number for your telemedicine provider is printed on your card. It is highly encouraged to contact your telemedicine provider before seeking medical attention.

PART I : HOW TO USE YOUR MEMBERSHIP

TELEMEDICINE

More than 80% of primary medical conditions can be resolved by your telemedicine provider. It is always encouraged that members contact their telemedicine provider first for quick, convenient medical assistance. The contact information for your telemedicine provider is found on your member card. Instructions are also found on the back of your Welcome Letter, as well as on our web site, under Member Resources.

Offerings of the Telemedicine Program

- At home, at work, or while traveling in the US, speak to a telemedicine doctor from anywhere, anytime, on the go.
- 24/7 access to a doctor via face-to-face internet consultation or by phone is available for you and dependents on your Plan.
- Speak with the next available doctor or schedule an appointment for a more convenient time.
- Telemedicine doctors typically respond within 15 minutes of your call.
- Save time and money by avoiding expensive emergency room visits, waiting for an appointment, or driving to a local facility.
- Telemedicine consultations are free for you and dependents on your Plan.
- Telemedicine providers can treat conditions such as:
 - Cold and flu symptoms
 - Bronchitis
 - Allergies
 - Poison ivy
 - Pink eye
 - Urinary tract infections
 - Respiratory infections
 - Sinus problems
 - Ear infections, and more

Antibiotics are not always the answer to treat a medical condition. Doctors may choose not to prescribe antibiotics for viral illnesses such as common colds, sore throats, coughs, sinus infections, and the flu.

If the telemedicine doctor recommends that you see your PCP or visit an urgent care facility, contact Aliera's Concierge Service, and a member care specialist will be happy to assist you with scheduling an appointment.

PREVENTIVE CARE

It's easier to stay healthy when you have regular preventive care. Members have no out-of-pocket expenses for preventive services, which include, but are not limited to, routine in-network checkups, pap smears, flu shots and more.

HOW TO USE PREVENTIVE SERVICES

- 1.** Download the Preventive Healthcare Guidebook from the link found in your Welcome email or visit us online at www.alierahealthcare.com or www.trinityhealthshare.org.
- 2.** Members do not need to call their telemedicine provider to schedule preventive care.
- 3.** Upon arrival at a PCP, please present your Membership Card and one photo ID. The front desk admin will check your eligibility status. If you have not activated your Membership Card, or if Membership fees are not current, your Plan will not share the costs of the provider.
- 4.** Preventive health services must be appropriate for the eligible person and follow the guidelines below:
 - A.** In general – those of the U.S. Preventive Services Task Force that have an A or B rating.
 - B.** For immunizations – those of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
 - C.** For preventive care and screenings for children and adolescents – those of the Health Resources and Services Administration.
 - D.** For preventive care and screenings for women – those of the Health Resources and Services Administration that are not included in section (A) of the U.S. Preventive Services Task Force schedule.

LABS AND DIAGNOSTICS

Aliera and Trinity Members have access to lab work in the convenience of their in-network provider's office or at any lab location nationwide.

URGENT CARE

Your membership raises the standard of healthcare available to you by putting individuals first, treating them with clinical excellence, and focusing on their well-being. Members can access services from hundreds of Urgent Care network facilities throughout the United States.

- AlieraCare Bronze, Silver, and Gold plans have unlimited Urgent Care visits.
- See Appendix for your specific plan details.
- X-rays are included, and subject to \$25 per read fee at Urgent Care.

HOW TO USE THE URGENT CARE SERVICE

1. Call 911 if your emergency is life threatening; otherwise, please contact your telemedicine provider first via telephone or a scheduled face-to-face internet conference. Your provider will determine if your medical condition can be resolved without visiting a local urgent care facility.
2. If your medical issue cannot be resolved after your free consultation with a telemedicine doctor, visit the closest in-network Urgent Care facility.
3. Upon arrival at an Urgent Care facility, present your Membership Card and one photo ID. The front desk admin will check your eligibility status. If you have not activated your Membership Card, or if Membership fees are not current, your Plan will not cover the costs of the provider.
4. At time of service, payment of \$20 (on average) is due for the consultation, and a \$25 per read fee for X-rays if needed may be due. Costs may be higher depending on your state and provider.

IF URGENT CARE SERVICES ARE UNAVAILABLE

If an in-network Urgent Care facility is unavailable to a Member requiring immediate Urgent Care, please adhere to the following procedure:

- 1.** Visit www.alierahealthcare.com. Click “Network” to find the nearest urgent care facility under MultiPlan.
- 2.** If the nearest in-network facility is more than 20 miles away from the Member, is closed (after 6:00 p.m.), or is no longer in business, the Member should seek out the nearest Urgent Care facility, hospital, or emergency room to receive urgent medical attention.
- 3.** AlieraCare products are not health insurance plans and Aliera nor Trinity are responsible for payment to out-of-network Urgent Care facility, hospital, or emergency room. The Member is solely responsible for such urgent care medical payments. Aliera and or Trinity maintain an allotment fund designed to provide a Member with supplemental payment assistance (ex gratia) in the amount of \$105.00 to offset the cost incurred at an out-of-network Urgent Care or Hospital emergency room facility. This monetary assistance is limited to one visit per year, per Member. Payment is made directly to the Member after confirmation of submitted proof of urgent care necessity and unavailability of an in-network provider.

PRIMARY CARE

PRIMARY CARE FOR SICK CARE

In addition to our urgent care services, many of our plans offer Members under the age of 65 episodic primary care or sick care.

- AlieraCare Bronze, Silver, and Gold plans have unlimited Primary Care visits.
- Annual Physicals are available immediately.
- For convenience, some clinics are open evenings and weekends.

HOW TO USE PRIMARY CARE SERVICE FOR SICK CARE

1. Contact your telemedicine provider to speak with a U.S. board-certified doctor via telephone or a scheduled face-to-face internet conference.
2. The telemedicine doctor may be able to resolve your medical issue and prescribe medication if needed. More than 80% of primary medical conditions can be resolved by your telemedicine provider.
3. If your medical issue cannot be resolved after a no fee consultation with the telemedicine doctor, visit the closest in-network Primary Care facility.
4. Upon arrival at a clinic, present your Membership Card and one photo ID. The front desk admin will check your eligibility status before you can see a provider. If you have not activated your Membership Card, or if Membership fees are not current, your Plan will not cover the costs of the provider.
5. At the time of service, a consult fee is due for the consultation, and a \$25 per read fee for X-rays if needed. Costs may be higher depending on your state and provider.

SPECIALTY CARE

AlieraCare members are required to obtain referrals to visit a specialist, except for women in need of gynecological care for routine medical needs. Specialty visits have a consult fee at the time of service.

HOSPITALIZATION

Your hospitalization cost-sharing is provided to you in an effort to alleviate the stress and strain during times of crisis or medical needs.

1. Members are required to pre-authorize all hospitalization services and visits unless it is an obvious medical emergency. Please see pre-authorization section for instructions.
2. The member will be responsible for first reaching their MSRA before any cost-sharing will be available. Once the MSRA has been reached in full, the sharing will then be reimbursed directly back to the providers and hospital facilities.
3. Several plans allow for fixed cost-sharing in the emergency room. Please see Appendix for your exact plan details.

PPO NETWORK

With a growing nationwide PPO network of more than 1,000,000 healthcare professionals and more than 6,000 facilities, Multiplan PHCS network offers Plan Members a range of quality choices to help them stay healthy.

- Search for providers by distance, cost efficiency, and specialty.

FIND A NETWORK HEALTHCARE PROFESSIONAL

- Visit **www.alierahealthcare.com**.
- Hover over the Member Resources tab.
- Click on Provider Network.
- Click on the Medical Provider logo associated with your plan.
- Search for a provider by Zip Code, City, County, State, or other search criteria.

**Call Aliera Healthcare at (844) 834-3456 OR
Trinity HealthShare at (844) 763-5338.**

Select the Provider Coordination Department and a care coordinator will help you navigate the healthcare process effectively and efficiently.

PART II : HOW YOUR HEALTHCARE COST-SHARING MINISTRY (HCSM) WORKS

Trinity HealthShare is a clearing house that administers voluntary sharing of healthcare needs for qualifying members. The membership is based on a tradition of mutual aid, neighborly assistance, and burden sharing. The membership does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices in regards to health and care, and believe in helping others. The Trinity HealthShare membership is not health insurance.

Guidelines Purpose and Use

The HCSM guidelines are provided as an outline for eligible needs in which contributions are shared in accordance with the membership's clearing house instructions. They are not for the purpose of describing to potential contributors the amount that will be shared on their behalf and do not create a legally enforceable right on the part of any contributor. Neither these guidelines nor any other arrangement between contributors and Trinity HealthShare creates any rights for any contributor as a reciprocal beneficiary, as a third-party beneficiary, or otherwise.

The edition of the guidelines in effect, on the date of medical services, supersedes all previous editions of the guidelines and any other communication, written or verbal. With written notice to the general membership, the guidelines may change at any time based on the preferences of the membership and on the decisions, recommendations, and approval of the Board of Trustees.

An exception to a specific provision only modifies that provision and does not supersede or void any other provisions.

Individuals Helping Individuals

Contributors participating in the membership help individuals with their medical needs. Trinity HealthShare facilitates in this assistance and acts as an independent and neutral clearing house, dispersing monthly contributions as described in the membership instructions and guidelines.

MEMBERSHIP QUALIFICATIONS

To become and remain a member of Trinity HealthShare, a person must meet the following criteria:

Religious Beliefs and Standards. The person must have a belief of helping others and/or maintaining a healthy lifestyle as outlined in the Statement of Beliefs contained in the membership application. If at any time during participation in the membership, the individual is not honoring the Statement of Beliefs, they will be subject to removal from participating in the membership.

Medical History. The person must meet the criteria to be qualified for a membership on his/her application date, based on the criteria set forth in this guidebook and the membership application.

If, at any time, it is discovered that a member did not submit a complete and accurate medical history on the membership application, the criteria set forth in the Membership Eligibility Manual on his/her application date will be applied, and could result in either a retroactive membership limitation or a retroactive denial to his/her effective date of membership.

Members may apply to have a membership limitation removed by providing medical evidence that they qualify for such removal according to the criteria set forth in the Membership Eligibility Manual. Membership limitations and denials can be applied retroactively but cannot be removed retroactively.

Application, Acceptance, and Effective Date. A person must submit a membership application and be accepted into the membership by meeting the criteria of the Member Eligibility Manual. The membership begins on a date specified by Trinity HealthShare in writing to the member.

Dependent(s). A dependent may participate under a combined membership with the head of household.

A dependent wishes to continue participating in the membership but no longer qualifies under a combined membership must apply and qualify for a membership based on the criteria set forth in the Membership Eligibility Manual.

Under a combined membership, the head of household is responsible for ensuring that everyone participating under the combined membership meets and complies with the Statement of Beliefs and all guideline provisions.

Financial Participation. Monthly contributions are requested to be received by the 1st or 15th of each month depending on the member's effective date. If the monthly contribution is not received within 5 days of the due date, an administrative fee may be assessed to track, receive, and post the monthly contribution. If the monthly contribution is not received by the end of the month, a membership will become inactive as of the last day of the month in which a monthly contribution was received.

Any member who has a membership that has become inactive will be able to reapply for membership under the terms outlined to them in writing by Trinity HealthShare. A member will not be able to reapply for membership if their account has been made inactive a total of three times.

Needs occurring after a member's inactive date and before they reapply are not eligible for sharing.

When Available Shares are less than Eligible Needs. In any given month, the available suggested share amounts may or may not meet the eligible needs submitted for sharing. If a member's eligible bills exceed the available shares to meet those needs, the following actions may be taken:

1. A pro-rata sharing of eligible needs may be initiated, whereby the members share a percentage of eligible medical bills within that month and hold back the balance of those needs to be shared the following month.
2. If the suggested share amount is not adequate to meet the eligible needs submitted for sharing over a 60-day period, then the suggested share amount may be increased in sufficient proportion to satisfy the eligible needs. This action may be undertaken temporarily or on an ongoing basis.

Other Criteria. Children under the age of 18 may not qualify for their own membership. Non-U.S. citizens may qualify for membership as determined by Trinity HealthShare on a case-by-case basis.

MONTHLY CONTRIBUTIONS

Monthly contributions are voluntary contributions or gifts that are non-refundable. As a non-insurance membership, neither Trinity HealthShare nor the membership are liable for any part of an individual's medical need. All contributors are responsible for their own medical needs. Although monthly contributions are voluntary contributions or gifts, there are administrative costs associated with monitoring the receipt and disbursement of such contributions or gifts. Therefore, declined credit cards, returned ACH payments, or any contribution received after the members reoccurring active date may incur an administrative fee.

IMPORTANT INFORMATION ABOUT PLAN CHANGES:

Members wishing to change to a membership type other than that which they are currently participating may, at the discretion of Trinity HealthShare, be required to submit a new signed and dated membership application for review. Membership type changes can only become effective on the first of the month after the new membership application has been approved.

- 1.** When switching from one annual product category to another (i.e. AlieraCare to Trinity HealthShare's CarePlus Advantage) your plan will be reset as if it is a new enrollment. This rule does not apply when transitioning from an InterimCare plan.
- 2.** You are allowed two plan changes per membership year. The first is free of cost, the second will incur the application fee of the desired product.

Contributors wishing to discontinue participation in the membership must submit the request in writing by the 20th day of the month before which the contributions will cease. The request should contain the reason why the contributor is discontinuing participation in the membership. Should the contributor fail to follow these guidelines as they pertain to discontinuing their participation in the membership and later wish to reinstate their membership, unsubmitted contributions from the prior participation must be submitted with a new application.

A member is not eligible for cost-sharing when a member:

- A.** Receives care within the first 60 days of the plan and cancels membership within 30 days of receiving medical care; except within the last 90 days of the membership term;
- B.** Receives or requires surgery within the first 60 days of becoming a member except in the case of an accident.

EARLY VOLUNTARY TERMINATION

Members of the Trinity HealthShare may terminate their membership at any time, with 30 days prior notice. Trinity HealthShare plans are not a substitute for "short term medical plans". Medical expenses incurred during the term of the membership and followed by early voluntary termination within 90 days of incurring medical expenses, will be reviewed and may not be eligible for cost-sharing, where the early termination was not as a direct result of affordability issues with the health sharing program.

STATEMENT OF BELIEFS

At the core of what we do, and how we relate to and engage with one another as a community of people, is a set of common beliefs. Our Statement of Shared Beliefs is as follows:

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.
2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when they are in need per our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare in consultation with physicians, family, or other valued advisors.

DEFINITION OF TERMS

Terms used throughout the Member Guide and other documents are defined as follows:

Affiliated Practitioner. Medical care professionals or facilities that are under contract with a network of providers with whom Trinity HealthShare works. Affiliated providers are those that participate in the PHCS network. A list of providers can be found at <http://www.multiplan.com>.

Application Date. The date Trinity HealthShare receives a complete membership application.

Combined Membership. Two or more family members residing in the same household.

Contributor. Person named as head of household under the membership.

Dependent. The head of household's spouse or unmarried child(ren), under the age of 20 or 26 if a full-time student, who are the head of household's dependent by birth, legal adoption, or marriage who is participating under the same combined membership.

Eligible. Medical needs that qualify for voluntary sharing of contributions from escrowed funds, subject to the sharing limits.

Escrow Instructions. Instructions contained on the membership application outlining the order in which voluntary monthly contributions may be shared by Trinity HealthShare.

Guidelines. Provided as an outline for eligible medical needs in which contributions are shared in accordance with the membership's escrow instructions.

Head of Household. Contributor participating by himself for herself; or the husband or father that participates in the membership; or the wife or mother that participates in the membership. The Head of Household is the oldest member on the plan.

Licensed Medical Physician. An individual engaged in providing medical care and who has received state license approval as a practicing Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

Medically Necessary. A service, procedure, or medication necessary to restore or maintain physical function and is provided in the most cost-effective setting consistent with the member's condition. Services or care administered as a precaution against an illness or condition or for the convenience of any party are not medically necessary. The fact that a provider may prescribe, administer, or recommend services or care does not make it medically necessary, even if it is not listed as a membership limitation or an ineligible need in these guidelines. To help determine medical necessity, Trinity HealthShare may request the member's medical records and may require a second opinion from an affiliated provider.

Member(s). A person(s) who qualifies to receive voluntary sharing of contributions for eligible medical needs per the membership clearing house instructions, guidelines, and membership type.

Member Shared Responsibility Amounts (MSRA). The amounts of an eligible need that do not qualify for sharing because the member is responsible for those amounts.

Membership. All members of Trinity HealthShare.

Membership Eligibility Manual. The reference materials that contain the criteria used to determine if a potential member is eligible for participation in the membership and if any membership limitations apply.

Membership Type. HCSM sharing options are available with different member shared responsibility amounts (MSRA) and sharing limits as selected in writing on the membership application and approved by Trinity HealthShare.

Monthly Contributions. Monetary contributions, excluding the annual membership fee, voluntarily given to Trinity HealthShare to hold as an escrow agent and to disburse according to the membership escrow instructions.

Need(s). Charges or expenses for medical services from a licensed medical practitioner or facility arising from an illness or accident for a single member.

Non-affiliated Practitioner. Medical care professionals or facilities that are not participating within our current network.

Pre-existing Condition. Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 24 months prior to the effective date. Symptoms include but are not limited to the following: abnormal discharge or bleeding; abnormal growth/break; cut or tear; discoloration; deformity; full or partial body function loss; obvious damage, illness, or abnormality; impaired breathing; impaired motion; inflammation or swelling; itching; numbness; pain that interferes with normal use; unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period; fainting, loss of consciousness, or seizure; abnormal results from a test administered by a medical practitioner.

Usual, Customary and Reasonable (UCR). The lesser of the actual charge or the charge most other providers would make for those or comparable services or supplies, as determined by Trinity HealthShare.

CONTRIBUTORS' INSTRUCTIONS AND CONDITIONS

By submitting monthly contributions, the contributors instruct Trinity HealthShare to share clearing house funds in accordance with the membership instructions. Since Trinity HealthShare has nothing to gain or lose financially by determining if a need is eligible or not, the contributor designates Trinity HealthShare as the final authority for the interpretation of these guidelines. By participation in the membership, the member accepts these conditions.

PART III : YOUR SUMMARY OF COST-SHARING

ELIGIBLE MEDICAL EXPENSES*

Medical costs are shared on a per person per incident basis for illnesses or injuries incurring medical expenses after the membership effective date when medically necessary and provided by or under the direction of licensed physicians, osteopaths, urgent care facilities, clinics, emergency rooms, or hospitals (inpatient and outpatient), or other approved providers. Unless otherwise limited or excluded by these Guidelines, medical expenses eligible for sharing include, but are not limited to, physician and hospital services, emergency medical care, surgical procedures, medical testing, x-rays, ambulance transportation, and prescriptions.

*See the Appendix for other limits and conditions of sharing by plan

1. Allergy Office Visits and Testing

2. Ambulance. Emergency land or air ambulance transportation to the nearest medical facility capable of providing the medically necessary care to avoid seriously jeopardizing the sharing member's life or health. Air transportation is limited to \$10,000.

3. Anesthesiologist Services

4. B12 Injections. Eligible at a PCP or Specialist only.

5. Birthing Center. Eligible after MSRA.

6. Cancer. Cancer sharing eligibility is available immediately for new occurrences of cancer. Any pre-existing or recurring cancer condition is not eligible for sharing. Cancer sharing will not be available for individuals who have cancer at the time of or five (5) years prior to application. If cancer existed outside of the 5-year time frame of a pre-existing look-back, the following must be met in the five (5) years prior to application, to be eligible for future, non-recurring cancer incidents. 1. The condition had not been treated nor was future treatment prescribed/planned; 2. The condition had not produced harmful symptoms (only benign symptoms); 3. The condition had not deteriorated. Cancer is limited to a maximum per term of \$500,000 when applicable.

- 7. Cardiac Rehabilitation.** Eligible after MSRA.
- 8. Chemotherapy.** Subject to cancer limitations.
- 9. Chronic Maintenance.** Chronic maintenance is eligible when a member has chosen a plan with chronic maintenance specifically included and a listing of the maximum number of allowable visits. See 'Appendix' attached hereto.
- 10. Diagnostic Lab & Pathology.** Eligible after MSRA.
- 11. Diagnostic Lab & Radiology.** Eligible after MSRA.
- 12. Emergency Room.** Emergency room services for stabilization or initiation of treatment of a medical emergency condition provided on an outpatient basis at a hospital, clinic, or Urgent Care facility, including when hospital admission occurs within twenty-three (23) hours of emergency room treatment.
- 13. Eye Care.** Limited to medical necessity and accident only. Excludes cosmetic, frames, lenses, contacts, extensive eye exams and subject to pre-existing limitations.
- 14. Home Health Care.** Eligible after MSRA.
- 15. Home Infusion Services.** Eligible after MSRA.
- 16. Hospice Services.** Eligible after MSRA.
- 17. Hospitalization.** Hospital charges for inpatient or outpatient hospital treatment or surgery for a medically diagnosed condition.
- 18. Maternity.** AlieraCare Bronze, Silver, and Gold plans have full maternity offerings. Medical expenses for maternity ending in a delivery by emergency cesarean section that are medically necessary, are eligible for sharing up to \$8,000, subject to the applicable Member Shared Responsibility Amount. Medical expenses for a newborn arising from complications at the time of delivery, including, but not limited to, premature birth, are treated as a separate incident and limited to \$50,000 of eligible sharing, subject to the Member Shared Responsibility Amount.
- 19. Mental Health.** Plan holders are eligible for \$2,500 (max) for Psychotherapy office visits and \$1,000 (max) at out-patient facilities. Excludes in-patient and residential settings.

- 20. Occupational Therapy.** Up to six (6) visits per membership year for occupational therapy.
- 21. Organ Transplant Limit.** Eligible needs requiring organ transplant may be shared up to a maximum of \$150,000 per member. This includes all costs in conjunction with the actual transplant procedure. Needs requiring multiple organ transplants will be considered on a case-by-case basis.
- 22. Physical Therapy.** Up to six (6) visits per membership year for physical therapy by a licensed physical therapist.
- 23. Podiatry Services.** Eligible after MSRA.
- 24. Preadmission Testing.** Eligible after MSRA.
- 25. Prescription Drugs.** The AlieraCare plan includes a service by RX Valet, which includes discounts for prescription drugs. See Appendix for details.
- 26. Preventive.** Most programs from either Trinity or Aliera provide everyone with the necessities of the 64 preventive care services as outlined by the United States Preventive Task force. (Excludes CarePlus Advantage.) Preventive care includes the PCP office visit and does not require a co-expense or consult fee.
- 27. Primary Care.** Depending on your plan choice, primary care is at the core of preventing medical issues from escalating into a more catastrophic need. See Appendix for the specific plan details.
- 28. Pulmonary Rehab**
- 29. Radiation Therapy.** Subject to cancer limitations.
- 30. Retail Walk in Clinics.** Subject to specialty consult fee based on plan chosen. See Appendix for details.
- 31. Routine Hearing Exams.** At Primary Care (PCP) only.
- 32. Routine Nursing Care of Newborn Infant.** Eligible after MSRA.
- 33. Skilled Nursing Facility.** Eligible after MSRA.
- 34. Sleep Disorders.** Overnight Sleep Testing Limit: All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing must be medically necessary and will require pre-authorization. Allowed charges will not exceed the Usual, Customary, and Reasonable charges for the area.

- 35. Smoking Cessation.** Members who have acknowledged they smoke and made an additional contribution are provided the opportunity to obtain free smoking cessation medication and counseling through the eligible preventive services.
- 36. Specialty Care.** For most everyday medical conditions, your PCP is your one-stop medical shop. However, there are cases when it's time to see a specialist who's had additional education and been board certified for that specialty. For situations like these, the AlieraCare Bronze, Silver, and Gold plans provides specialty care offerings at the cost of just a consult fee. A member will need to receive a PCP referral to see a specialist for treatment or consultation outside of their scope of knowledge.
- 37. Speech Therapy.** Up to six (6) visits per membership year. Only applicable after a stroke.
- 38. Surgical Offerings.** Non-life-threatening surgical offering are not available for the first 60 days of membership. Please verify eligibility by calling Member Services before receiving any surgical services.
- 39. Telemedicine.** Telemedicine is included in all AlieraCare programs offered by Trinity HealthShare and Aliera Healthcare as your first line of defense. Your membership provides you and your family 24/7/365 access to a U.S. Board certified medical doctor.
- 40. Urgent Care.** If your plan provides cost-sharing for Urgent Care, you will have the added benefit of enjoying the ability to choose an Urgent Care facility in lieu of an emergency room. See the Appendix for any urgent care options and any limitations to plan.
- 41. X-rays.** X-rays listed on your plan details in the Appendix are for imaging services at PCP or Urgent Care facilities only and require a \$25 read fee per view at time of service. Your MSRA will apply to all other x-rays. MRI, CT Scans and other diagnostics must be paid with your MSRA before cost-sharing is provided.

**Medical Expense Incident is any medically diagnosed condition receiving medical treatment and incurring medical expenses of the same diagnosis. All related medical bills of the same diagnosis comprise the same incident. Such expenses must be submitted for sharing in the manner and form specified by Trinity HealthShare. This may include, but not be limited to, standard industry billing forms (HCFA1500 and/or UB 92) and medical records. Members share these kinds of costs.*

LIMITS OF SHARING

Total eligible needs shared from member contributions are limited as defined in this section and as further limited in writing to the individual member.

- 1. Lifetime Limits.** \$1,000,000: the maximum amount shared for eligible needs over the course of an individual member's lifetime.
- 2. Per Incident.** The occurrence of one particular sickness, illness, or accident.
- 3. Cancer Limits when applicable.** Cancer is limited to a maximum per term of \$500,000 when applicable.
- 4. Member Shared Responsibility Amounts (MSRA).** Eligible needs are limited to the amounts in excess of the MSRA, which are applied per individual member per the plan year. MSRA(s). The eligible amount that does not qualify for sharing based on the membership type chosen by the member.
- 5. Non-Affiliated Practitioner.** Services rendered by a non-affiliated practitioner will not be eligible for sharing nor will any amount be applied to your MRSA unless specified differently in the plan details contained herein.

COST-SHARING FOR PRE-EXISTING CONDITIONS

Bronze Program cost-sharing parameters for pre-existing conditions. The following restrictions are only applicable to a pre-existing condition and do not affect normal sharing for other non-pre-existing related incidents, events, etc.

- 1.** Chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
- 2.** Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- 3.** Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Silver Program cost-sharing parameters for pre-existing conditions. The following restrictions are only applicable to a pre-existing condition and do not affect normal sharing for other non-pre-existing related incidents, events, etc.

1. During the first two years of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
2. Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
3. Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Gold Program cost-sharing parameters for pre-existing conditions. The following restrictions are only applicable to a pre-existing condition and do not affect normal sharing for other non-pre-existing related incidents, events, etc.

1. During the first two years of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for a pre-existing condition per year, after a separate MSRA equal to two times your plan MSRA.
2. Upon the inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
3. Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Other Resources. Offerings available to the member from other sources such as insurance, VA, Tricare, private grants, or by a liable third party (primary, auto, home insurance, educational, etc.), will be considered the member's primary benefit source, and the member will be required to file medical claims with those providers first. If there are medical expenses that those sources do not pay, the member is authorized to submit the excess medical expenses for sharing, and the MSRA will be waived, up to the maximum MSRA as defined in the member's plan. The MSRA will only be waived if a third party source pays on the member's behalf. Sharing of monthly contributions for a need that is later paid, or found to payable by another source will automatically allow Trinity HealthShare full rights to recover the amounts that were shared with the member.

MEDICAL EXPENSES NOT GENERALLY SHARED BY HCSM

Only needs incurred on or after the membership effective date are eligible for sharing under the membership instructions. The member (or the member's provider) must submit a request for sharing in the manner and format specified by Trinity HealthShare. This includes, but is not limited to, a Need Processing Form, standard industry billing forms (HCFA 1500 and/or most recent UB form), and may include medical records. All participating members have a responsibility to abide by the Members' Rights and Responsibilities published by Trinity HealthShare and are included at the end of these guidelines.

Needs arising from any one of the following are not eligible for sharing under the membership clearing house instructions:

- 1. Abortion Services**
- 2. Acupuncture Services**
- 3. Aqua Therapy**
- 4. Biofeedback**
- 5. Birth Control (Male) Elective Sterilization**
- 6. Birth Control (Male) Reversal of Sterilization**
- 7. Cataract Contacts or Glasses**
- 8. Chemical Face Peels**
- 9. Chiropractic Services**
- 10. Christian Science Practitioner**
- 11. Cochlear Devices**
- 12. Cosmetic Surgery**
- 13. Custodial Care Services**
- 14. Dental Services**
- 15. Dermabrasion Services**
- 16. Diabetic Insulin, Supplies, and Syringes**

- 17.** Doula
- 18.** Durable Medical Equipment
- 19.** Education Services
- 20.** Exercise Equipment
- 21.** Experimental Drugs
- 22.** Experimental Procedures
- 23.** Extreme sports: Sports that voluntarily put an individual in a life-threatening situation. Sports such as but not limited to “free climb” rock climbing, parachuting, fighting, martial arts, racing, cliff diving, powerboat racing, air racing, motorcycle racing, extreme skiing, wingsuit, and similar.
- 24.** Gender Dysphoria
- 25.** Gender Dysphoria Office Visit – PCP
- 26.** Gender Dysphoria Office Visit – Specialist
- 27.** Genetic Testing
- 28.** Group Therapy Services
- 29.** Hemodialysis
- 30.** Hypnotherapy Services
- 31.** Infertility Diagnostic or treatment
- 32.** Infertility Services
- 33.** Investigational Drugs/Procedures
- 34.** Lifestyles or activities engaged in after the application date that conflicts with the Statement of Beliefs (on the membership application).
- 35.** Massage Therapy
- 36.** Midwifery
- 37.** MILIEU Situational Therapy Services
- 38.** Morbid Obesity

- 39.** Non- Routine Hearing Exams & Hearing Aids
- 40.** Nurse Practitioner
- 41.** Orthopedic Shoes
- 42.** Orthotics (back, neck, knee, wrist, etc.)
- 43.** Pain Management
- 44.** Personal aircraft includes hang gliders, parasails, ultra-lights, hot air balloons, sky/diving, and any other aircraft not operated by a commercially licensed public carrier.
- 45.** Personal Convenience Items
- 46.** Post-Surgical Bras
- 47.** Private Duty Nursing Services
- 48.** Professional Sports Injuries
- 49.** Prosthetic Appliances
- 50.** Robotic Surgery
- 51.** Self-Inflicted Injury
- 52.** Sexual Dysfunction Services
- 53.** Sexual Transformation Services
- 54.** Substance Abuse
- 55.** Surgical Stockings
- 56.** Treatment or referrals received or obtained from any family member including, but not limited to, father, mother, aunt, uncle, grandparent, sibling, cousin, dependent, or any in-laws.

PRE-AUTHORIZATION REQUIRED

Non-Emergency Surgery, Procedure, or Test. The member must have the following procedures or services pre-authorized as medically necessary prior to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.

Hospitalizations. Non-emergency prior to admission; emergency visits notification to Trinity HealthShare within 48 hours.

- MRI studies/CT scans/Ultrasounds
- Sleep studies must be completed in one session
- Physical or occupational therapy
- Speech therapy under limited circumstances only
- Cardiac testing, procedures, and treatments
- In-patient cancer testing, procedures, and treatments
- Infusion therapy within facility
- Nuclide studies
- EMG/EEG
- Ophthalmic procedures
- ER visits, emergency surgery, procedure, or test:
Non-emergency use of the emergency room is not eligible for sharing.
Trinity HealthShare must be notified of all ER visits within 48 hours.
Medical records will be reviewed for all ER visits to determine eligibility.
An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death. Examples of an emergency include, but are not limited to, severe pain, choking, major bleeding, heart attack, or a sudden, unexplained loss of consciousness.

Eligibility for Cancer Needs. In order for needs related to cancer hospitalization of any type to be eligible (e.g. breast, colorectal, leukemia, lymphoma, prostate, skin, etc.), the member must meet the following requirements:

The member is required to contact Trinity HealthShare within 30 days of diagnosis. If the member fails to notify Trinity HealthShare within the 30-day time frame, the member will be responsible for 50% of the total allowed charges after the MRSA(s) has been assessed to the member for in-patient cancer hospitalization.

Early detection provides the best chance for successful treatment and in the most cost effective manner. Effective January 1, 2017, the membership requires that all members aged 40 and older receive appropriate screening tests every other year – mammogram or thermography and pap smear with pelvic exams for women and PSA testing for men. ***Failure to obtain biannual mammograms and gynecological tests listed above for women or PSA tests for men will render future needs for breast, cervical, endometrial, ovarian, or prostate cancer ineligible for sharing.***

DISPUTE RESOLUTION AND APPEAL

Trinity HealthShare is a voluntary association of like-minded people who come together to assist each other by sharing medical expenses. Such a sharing and caring association does not lend itself well to the mentality of legally enforceable rights. However, it is recognized that differences of opinion will occur, and that a methodology for resolving disputes must be available. Therefore, by becoming a Sharing Member of Trinity HealthShare, you agree that any dispute you have with or against Trinity HealthShare, its associates, or employees will be settled using the following steps of action, and only as a course of last resort.

If a determination is made with which the sharing member disagrees and believes there is a logically defensible reason why the initial determination is wrong, then the sharing member may file an appeal.

- A. 1st Level Appeal.** Most differences of opinion can be resolved simply by calling Trinity HealthShare who will try to resolve the matter telephonically within a reasonable amount of time.
- B. 2nd Level Appeal.** If the sharing member is unsatisfied with the determination of the member services representative, then the sharing member may request a review by the Internal Resolution Committee, made up of three Trinity HealthShare officials. The appeal must be in writing, stating the elements of the dispute and the relevant facts. Importantly, the appeal should address all of the following:
 - 1.** What information does Trinity HealthShare have that is either incomplete or incorrect?
 - 2.** How do you believe Trinity HealthShare has misinterpreted the information already on hand?
 - 3.** Which provision in the Trinity HealthShare Guidelines do you believe Trinity HealthShare applied incorrectly?

Within thirty (30) days, the Internal Resolution Committee will render a written decision, unless additional medical documentation is required to make an accurate decision.

C. 3rd Level Appeal. Should the matter remain unresolved, then the aggrieved party may ask that the dispute be submitted to three sharing members in good standing and randomly chosen by Trinity HealthShare, who shall agree to review the matter and shall constitute an External Resolution Committee. Within thirty (30) days the External Resolution Committee shall render their opinion in writing, unless additional medical documentation is required to make an accurate decision.

D. Final Appeal. If the aggrieved sharing member disagrees with the conclusion of his/her fellow sharing members, then the aggrieved party may ask that the dispute be submitted to a medical expense auditor, who shall have the matter reviewed by a panel consisting of personnel who were not involved in the original determination and who shall render their opinion in writing within thirty (30) days, unless additional medical documentation is required to make an accurate decision.

E. Mediation and Arbitration. If the aggrieved sharing member disagrees with the conclusion of the Final Appeal Panel, then the matter shall be resolved by first submitting the disputed matter to mediation. If the dispute is not resolved the matter will be submitted to legally binding arbitration in accordance with the Rules and Procedure of the American Arbitration Association. Sharing members agree and understand that these methods shall be the sole remedy to resolve any controversy or claim arising out of the Sharing Guidelines, and expressly waive their right to file a lawsuit in any civil court against one another for such disputes; except to enforce an arbitration decision. Any arbitration shall be held in Atlanta, Georgia, and conducted in the English language subject to the laws of the State of Georgia. Trinity HealthShare shall pay the filing fees for the arbitration and arbitrator in full at the time of filing. All other expenses of the arbitration shall be paid by each party including costs related to transportation, accommodations, experts, evidence gathering, and legal counsel. Further agreed that the aggrieved sharing member shall reimburse the full costs associated with the arbitration, should the arbitrator render a judgment in favor of Trinity HealthShare and not the aggrieved sharing member.

The aggrieved sharing member agrees to be legally bound by the arbitrator's final decision. The parties may alternatively elect to use other professional arbitration services available in the Atlanta metropolitan area, by mutual agreement.

APPENDIX A: PLAN DETAILS BRONZE

Lifetime Maximum Sharing: \$1,000,000

Bronze Program cost-sharing parameters for pre-existing conditions.

Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period.

- A.** Pre-existing Condition: chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
- B.** Upon the 25th month of continuous membership and thereafter, the condition will no longer be subject to the pre-existing condition sharing limitations.
- C.** Appeals may be considered for earlier sharing in surgical interventions when it is in the best interest of both the members and the membership to do so.

Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

1. ER visits are subject to review, and are meant only for life threatening situations.
2. Non-emergency surgical services are unavailable for the first 2 months for Bronze. Surgical services do not include cosmetic surgery.
3. All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.

Trinity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees: \$125 one-time application fee per enrollment. Products NOT available in: AK, HI, MD, ME, PR, WA, WY; subject to change w/o prior notice.

	PPO Network	PPO Multiplan PHCS
Eligible Medical Cost-Sharing	Network	Non-Network
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)		
Wellness & Preventive Care	100%	50% after MSRA
Telemedicine	Unlimited	Unlimited
Primary Care	\$50 Consult Fee	50% after MSRA
Specialty Care	\$125 Consult Fee	50% after MSRA
Urgent Care	\$100 Consult Fee	50% after MSRA
Emergency Room Services¹ Emergency room services including hospital facility and physician charges.	\$500 Consult Fee	\$500 Consult Fee
Eligible after meeting Member Shared Responsibility Amount (MSRA) ²		
MSRA Per member 1 (1–2 members)	\$1,000, \$2,500, \$5,000, \$10,000	50% towards MSRA
MSRA Family maximum (3+ members)	\$3,000, \$7,500, \$15,000, \$30,000	50% towards MSRA
Out-of-Pocket Maximum Per member 1 (1–2 members)	\$3,000, \$7,500, \$15,000, \$30,000	\$6,000, \$15,000, \$30,000, \$60,000
Out-of-Pocket Maximum Family maximum (3+ members)	\$9,000, \$22,500, \$45,000, \$90,000	\$18,000, \$45,000, \$90,000, \$180,000
Co-expense (Plan Pays)	60% after MSRA	50% after MSRA
Hospitalization In-Patient	60% after MSRA	50% after MSRA
Hospitalization Out-Patient	60% after MSRA	50% after MSRA
Imaging Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.	60% after MSRA	50% after MSRA
Laboratory Out-Patient and Professional Services Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.	60% after MSRA	50% after MSRA
X-rays and Diagnostic Imaging Sharing eligible for the professional components of labs, including the office, out-patient, and in-patient charges.	60% after MSRA	50% after MSRA
Generic Prescription Drugs	No Cost-Sharing	Not eligible
Preferred Brand Drugs	50% Cost-Sharing ³	Not eligible
Non-Preferred Brand Drugs	No Cost-Sharing	Not eligible
Mail-Order	75% Cost-Sharing ³	Not eligible

APPENDIX B: PLAN DETAILS SILVER

Lifetime Maximum Sharing: \$1,000,000

Silver Program cost-sharing parameters for pre-existing conditions.

Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

- A.** During the first two years (24 months) of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- B.** Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- C.** Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

- 1.** ER visits are subject to review, and are meant only for life threatening situations.
- 2.** Non-emergency surgical services are unavailable for the first 2 months for Silver. Surgical services do not include cosmetic surgery.
- 3.** All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.

Trinity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees: \$125 one-time application fee per enrollment. Products NOT available in: AK, HI, MD, ME, PR, WA, WY; subject to change w/o prior notice.

APPENDIX B: PLAN DETAILS SILVER LEVEL

	PPO Network	PPO Multiplan PHCS
Eligible Medical Cost-Sharing	Network	Non-Network
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)		
Wellness & Preventive Care	100%	60% after MSRA
Telemedicine	Unlimited	Unlimited
Primary Care	\$35 Consult Fee	60% after MSRA
Specialty Care	\$75 Consult Fee	60% after MSRA
Urgent Care	\$75 Consult Fee	60% after MSRA
Emergency Room Services¹ Emergency room services including hospital facility and physician charges.	\$300 Consult Fee	\$500 Consult Fee
Eligible after meeting Member Shared Responsibility Amount (MSRA) ²		
MSRA Per member 1 (1–2 members)	\$1,000, \$2,500, \$5,000, \$10,000	60% towards MSRA
MSRA Family maximum (3+ members)	\$3,000, \$7,500, \$15,000, \$30,000	60% towards MSRA
Out-of-Pocket Maximum Per member 1 (1–2 members)	\$3,000, \$7,500, \$15,000, \$30,000	\$6,000, \$15,000, \$30,000, \$60,000
Out-of-Pocket Maximum Family maximum (3+ members)	\$9,000, \$22,500, \$45,000, \$90,000	\$18,000, \$45,000, \$90,000, \$180,000
Co-expense (Plan Pays)	70% after MSRA	60% after MSRA
Hospitalization In-Patient	70% after MSRA	60% after MSRA
Hospitalization Out-Patient	70% after MSRA	60% after MSRA
Imaging Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.	70% after MSRA	60% after MSRA
Laboratory Out-Patient and Professional Services Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.	70% after MSRA	60% after MSRA
X-rays and Diagnostic Imaging Sharing eligible for the professional components of labs, including the office, out-patient, and in-patient charges.	70% after MSRA	60% after MSRA
Generic Prescription Drugs	No Cost-Sharing	Not eligible
Preferred Brand Drugs	50% Cost-Sharing ³	Not eligible
Non-Preferred Brand Drugs	No Cost-Sharing	Not eligible
Mail-Order	75% Cost-Sharing ³	Not eligible

APPENDIX C: PLAN DETAILS GOLD

Lifetime Maximum Sharing: \$1,000,000

Gold Program cost-sharing parameters for pre-existing conditions.

Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

- A.** During the first two years (24 months) of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- B.** Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- C.** Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

- 1.** ER visits are subject to review, and are meant only for life threatening situations.
- 2.** Non-emergency surgical services are unavailable for the first 2 months for Gold. Surgical services do not include cosmetic surgery.
- 3.** All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.

Trinity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees: \$125 one-time application fee per enrollment. Products NOT available in: AK, HI, MD, ME, PR, WA, WY; subject to change w/o prior notice.

	PPO Network	PPO Multiplan PHCS
Eligible Medical Cost-Sharing	Network	Non-Network
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)		
Wellness & Preventive Care	100%	70% after MSRA
Telemedicine	Unlimited	Unlimited
Primary Care	\$20 Consult Fee	70% after MSRA
Specialty Care	\$75 Consult Fee	70% after MSRA
Urgent Care	\$75 Consult Fee	70% after MSRA
Emergency Room Services¹ Emergency room services including hospital facility and physician charges.	\$150 Consult Fee	\$300 Consult Fee
Eligible after meeting Member Shared Responsibility Amount (MSRA) ²		
MSRA Per member 1 (1–2 members)	\$1,000, \$2,500, \$5,000, \$10,000	70% towards MSRA
MSRA Family maximum (3+ members)	\$3,000, \$7,500, \$15,000, \$30,000	70% towards MSRA
Out-of-Pocket Maximum Per member 1 (1–2 members)	\$3,000, \$7,500, \$15,000, \$30,000	\$6,000, \$15,000, \$30,000, \$60,000
Out-of-Pocket Maximum Family maximum (3+ members)	\$9,000, \$22,500, \$45,000, \$90,000	\$18,000, \$45,000, \$90,000, \$180,000
Co-expense (Plan Pays)	80% after MSRA	70% after MSRA
Hospitalization In-Patient	80% after MSRA	70% after MSRA
Hospitalization Out-Patient	80% after MSRA	70% after MSRA
Imaging Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.	80% after MSRA	70% after MSRA
Laboratory Out-Patient and Professional Services Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.	80% after MSRA	70% after MSRA
X-rays and Diagnostic Imaging Sharing eligible for the professional components of labs, including the office, out-patient, and in-patient charges.	80% after MSRA	70% after MSRA
Generic Prescription Drugs	No Cost-Sharing	Not eligible
Preferred Brand Drugs	50% Cost-Sharing ³	Not eligible
Non-Preferred Brand Drugs	No Cost-Sharing	Not eligible
Mail-Order	75% Cost-Sharing ³	Not eligible

APPENDIX D: TERMS, CONDITIONS, & SPECIAL CONSIDERATIONS

- 1.** The Welcome Kit you received electronically includes this Member Guide, your Membership Card(s), a Welcome Letter, and important information to activate your membership.
- 2.** Keep your Membership Card with you at all times to present to a provider to confirm eligibility.
- 3.** The ACA is subject to change at any time; Aliera reserves the right to adhere to those changes without notice to the Member.
- 4.** Activate your Plan Membership by following the instructions in this Member Guide.
- 5.** Set up your telemedicine account by following the instructions on the Welcome Letter. Within three weeks of enrollment in Aliera's telemedicine partnering company, Members receive ID Card(s) for the telemedicine service along with instructions on how to utilize the service.
- 6.** Telemedicine operates subject to state regulations and may not be available in certain states.
- 7.** Telemedicine phone consultations are available 24/7/365, with face-to-face internet consultations available between the hours of 7 a.m. and 9 p.m., Monday – Friday.
- 8.** Telemedicine does not guarantee that a prescription will be written.
- 9.** Telemedicine does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs which may be harmful because of their potential for abuse. Telemedicine doctors reserve the right to deny care for potential misuse of services.
- 10.** Durable Medical Equipment (DME) – i.e. crutches, etc. – is not included in your Plan. Members will be charged for DME at time of service.
- 11.** Aliera cannot guarantee that a provider will accept an Aliera Plan if the Member fails to contact the Aliera Concierge Service first.
- 12.** Member Care Specialists are available to assist you, Monday through Friday, 8 a.m. to 8 p.m. ET at (844) 834-3456. If you call after hours, follow the prompts.

- 13.** Plans may vary from state to state. Providers may be added or removed from Aliera's network at any time without notice.
- 14.** Not all geographical areas are serviced by Aliera Healthcare. Should a Member visit an emergency room because urgent care facilities are unavailable in the Member's area, Aliera offers a one-time, once-a-year, \$105 credit (ex gratia) to the Member to help offset the costs incurred.
- 15.** Aliera telemedicine partners do not replace the Primary Care Provider.
- 16.** Primary Care is defined as "episodic primary care" or "sick care." Members are responsible for paying a consult fee at the time of service; no consult fee is due for preventive service.
- 17.** Most network facilities are able to accommodate both urgent care and primary care needs.
- 18.** Not all PPO providers accept an AlieraCare plan. While Aliera offers one of the largest PPO networks in the country, some providers may not participate.

DISCLOSURES

- 1.** Aliera Healthcare, the Aliera Healthcare logo, and other plan or service logos are trademarks of Aliera Healthcare, Inc. and may not be used without written permission.
- 2.** Aliera and Trinity programs are NOT insurance. Aliera Healthcare, Inc./Trinity HealthShare does not guarantee the quality of services or products offered by individual providers. Members may change providers upon 30 days' notice if not satisfied with the medical services provided.
- 3.** Aliera's Healthcare Plans offer services only to Members and dependents on your Plan.
- 4.** Aliera reserves the right to interpret the terms of this membership to determine the level of medical services received hereunder.
- 5.** This membership is issued in consideration of the Member's application and the Member's payment of a monthly fee as provided under these Plans. Omissions and misstatements, or incorrect, incomplete, fraudulent, or intentional misrepresentation to the assumed risk in your application may void your membership, and services may be denied.

ABBREVIATIONS

ACA	Affordable Care Act (Obamacare)
CMS	Centers for Medicare and Medicaid Services
DEA	Drug Enforcement Administration
DME	Durable Medical Equipment
DPCMH	Direct Primary Care Medical Home Plans
HCSM	Health Care Sharing Ministry
MEC	Minimum Essential Coverage
PCP	Primary Care Provider
PPO	Participating Provider Organization
UC	Urgent Care

APPENDIX E: LEGAL NOTICES

The following legal notices are the result of discussions by Trinity HealthShare or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Trinity HealthShare is not an insurance company and that it does not guarantee payment of medical costs. Our role is to enable self-pay patients to help fellow Aliera members through voluntary financial gifts.

GENERAL LEGAL NOTICE

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

Trinity HealthShare is not an insurance company, and membership is not offered through an insurance company. Trinity HealthShare is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania 40 Penn. Statute Section 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

The ministry will assign a recommended cost sharing amount to the membership each month (“Monthly Share Amount”). By submitting the Monthly Share Amount, you instruct the ministry to assign your contribution as prescribed by the Guidelines. Up to 40% of your member contribution goes towards the administration of this plan. Administration costs are not all inclusive of vendor costs, which could account for up to 32% of the member contribution (monthly recommended share amount). Contributions to the member “Share Box” will never be less than 28% of the member monthly recommended share amount.

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills

Wisconsin Statute 600.01 (1) (b) (9)

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

This is NOT Insurance.

NOTES:



PO Box 28220 Atlanta, GA 30358

Toll Free 844-834-3456

AlieraHealthcare.com

AlieraCare Plans Are NOT Insurance.

Appendix 4

Member Information

Name: [REDACTED]
Address: [REDACTED], [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]
Date of Birth: [REDACTED]
Gender: F

Product Information

Trinity HealthShare Gold

\$186.85 per Month for Individual
\$25.00 one-time Application Fee

Questions

MSRA

2500

At the core of what the Healthcare Sharing Ministry does, and how they relate to and engage with one another as a community of people, is a set of common beliefs.

Yes

You understand that this sharing plan has a 24-month waiting period for pre-existing conditions, where pre-existing conditions are defined as conditions that exist at the time of enrollment that have evidenced symptoms, received treatment, and/or medication within the past 24 months.

Yes

You understand that other medical services and emergency surgical services are eligible for cost sharing immediately, but elective surgical services require a 60-day wait period (180-day for AlieraCare Value and AlieraCare Plus) following your effective date.

Yes

You understand that Aliera Healthcare, Inc., and Trinity HealthShare, Inc. have the authority, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to request your medical records to facilitate the payment of medical expenses.

Yes

Check any of these health conditions you have:

[REDACTED]

Do you use tobacco in any form?

[REDACTED]

Do you have or ever had Cancer?

[REDACTED]

If you had Cancer, how long ago?

[REDACTED]

Do you play in any competitive sports?

[REDACTED]

Do you drink excessively?

[REDACTED]

If you drink Alcohol, what is your weekly intake?

[REDACTED]

Are you pregnant?

[REDACTED]

AlieraCare Gold

\$347.02 per Month for Individual
\$100.00 one-time Application Fee

Questions

MSRA

2500

Plan Type

Per Term

At the core of what the Healthcare Sharing Ministry does, and how they relate to and engage with one another as a community of people, is a set of common beliefs.

Yes

You understand that this sharing plan has a 24-month waiting period for pre-existing conditions,

where pre-existing conditions are defined as conditions that exist at the time of enrollment that have evidenced symptoms, received treatment, and/or medication within the past 24 months.

Yes

You understand that other medical services and emergency surgical services are eligible for cost sharing immediately, but elective surgical services require a 60-day wait period (180-day for AlieraCare Value and AlieraCare Plus) following your effective date.

Yes

You understand that Aliera Healthcare, Inc., and Trinity HealthShare, Inc. have the authority, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to request your medical records to facilitate the payment of medical expenses.

Yes

Check any of these health conditions you have:

Do you use tobacco in any form?

Do you have or ever had Cancer?

If you had Cancer, how long ago?

Do you play in any competitive sports?

Do you drink excessively?

If you drink Alcohol, what is your weekly intake?

Are you pregnant?

Terms and Conditions for AlieraCare Gold

Aliera Healthcare Plan Disclosures

This is not a contract. This is a voluntary program offered by Aliera Healthcare, in relationship with a HealthCare Sharing Ministry (HCSM) program offered within certain plans. Your membership is with Aliera and cannot be transferred to anyone else. Only you and your enrolled dependents are eligible under the membership.

All Aliera members utilizing any Health Care Sharing Ministry services are required to declare their acknowledgment of the Statement of Beliefs and make an attestation that they are of like mind with the ministry beliefs.

Statement of Beliefs

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.
2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when he/she is in need according to our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family or other valued advisors.

DISCLAIMER

THE MINISTRY IS NOT AN INSURANCE COMPANY AND THE MINISTRY DOES NOT OFFER ANY INSURANCE PRODUCTS OR POLICIES. THE MINISTRY DOES NOT ASSUME ANY RISK FOR YOUR MEDICAL EXPENSES, AND THE MINISTRY MAKES NO PROMISE TO PAY. HEALTH CARE SHARING MINISTRIES ARE NOT GOVERNED BY INSURANCE LAWS.

THE HEALTH CARE SHARING MINISTRY OFFERS VOLUNTARY PARTICIPATION IN ITS HEALTH CARE SHARING MINISTRY. MINISTRY SERVICES ARE ADMINISTERED BY ALIERA HEALTHCARE, INC.

This is not Insurance

A Health Care Sharing Ministry ("HCSM") is a group of individuals that share a common set of ethical or religious beliefs and share their medical expenses in accordance with those beliefs without regard to the state in which a member resides or is employed.

Services are based on a religious tradition of mutual aid, neighborly assistance, and burden sharing. The ministry does not subsidize self-destructive behaviors and lifestyles but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices regarding health and care, and believe in helping others. A Health Care Sharing Ministry program is **NOT** health insurance.

Tax Exemption

YOU SHOULD CONSULT WITH A TAX PROFESSIONAL FOR DETAILS REGARDING YOUR EXEMPTION.

Health Care Sharing Disclosures

Promise to Pay

The ministry does not make a promise to pay or any guarantee of payment of your medical expenses. You will be responsible for the payment of your medical bills. The ministry does not assume your risk. The ministry does not guarantee that your medical expenses will be shared by other members participating in an Aliera Plan that utilize health care sharing services.

Voluntary

Participation in the ministry HCSM is voluntary. Enrollment as an Aliera member and participant of the ministry HCSM is voluntary and the sharing of monetary contributions are also voluntary. Enrollment in the ministry sharing plan is not a contract. You are free to cancel your participation at any time. The ministry requests a Monthly Share Amount, to be collected each month you are enrolled, to facilitate the payment of sharing requests published on behalf of other participants.

Guidelines

The ministry manages its sharing contributions by establishing guidelines that define eligible sharing ("Guidelines"). The Guidelines are not a contract of insurance. They do not constitute an agreement, a promise to pay, or an obligation to share. The Guidelines are intended to ensure that every participant has paid their own medical expenses, as they are financially able, before requesting others to share with you to assist in paying remaining medical expenses. The Guidelines specify what type of expenses are eligible for sharing requests, so all participants of the ministry HCSM can expect a reasonable and equitable level of sharing requests to be published monthly.

The ministry is authorized to exclude sharing for pre-existing conditions. You are required to fully disclose pre-existing conditions as part of your participation in the HCSM. The ministry reserves the right to exclude sharing eligibility for any pre-existing conditions, whether disclosed at the time of your enrollment or discovered after the effective date of the membership.

AlieraCare Value, Plus, Premium

- Pre-existing conditions have a 24-month waiting period.
- Cancer diagnoses after enrollment have a 12-month continuous membership requirement before sharing is eligible. This means that if you are diagnosed with cancer after you become a member, you are not eligible to request cost sharing of your expenses until you have been an Aliera member for 12 consecutive months.
- There is a maximum limit of \$1 million on this Plan.

AlieraCare Bronze, Silver, Gold

- Pre-existing conditions:
 - Bronze: Chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
 - Silver: During the first two years (24 months) of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
 - Gold: During the first two years (24 months) of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- Cancer sharing eligibility is available immediately for new occurrences of cancer. Any pre-existing or recurring cancer condition is not eligible for sharing. Cancer sharing will not be available for individuals who have cancer at the time of or five (5) years prior to application.
- There is a maximum limit of \$1 million on this Plan.

CarePlus

- Cost sharing does not apply (not eligible) to any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within the 24-month period prior to the application date.
- Events covered during the first year of membership become pre-existing condition for the second year, resetting after 24 months.

InterimCare

- Pre-existing conditions have a 24-month waiting period.
- Cancer coverage is provided immediately if a pre-existing cancer condition did not exist within 5 years prior to or at the time of application.
- Charges resulting directly from a pre-existing condition are excluded from cost sharing.
- The pre-existing condition exclusions for Interim Care plans will apply for all members, including those under the age of 19.
- There is a maximum limit of \$1 million on this Plan.

Dates of Service

The ministry reserves the right to make updates to its Guidelines at any time. The Guidelines in effect at the time of service will supersede all previous versions of the Guidelines. Members will be notified in advance of updates.

Membership Dues and Fees

- An administrative fee of \$25.00 is assigned to administrative costs from each Monthly Share Amount regardless of family size, as provided in the Guidelines. Collection of this fee will begin in the third membership month and will be collected monthly for each following month.

Assigned Need

The ministry will assign a recommended cost sharing amount to the membership each month ("Monthly Share Amount"). By submitting the Monthly Share Amount, you instruct the ministry to assign your contribution as prescribed by the Guidelines.

Up to 40% of your member contribution goes towards the administration of this plan and other general overhead costs to successfully carry out the duties of administering these services.

Membership Guidelines Details

Each Aliera member is responsible for reviewing the HCSM Guidelines provided at the time of enrollment, and to abide by the terms of the Guidelines. It is your responsibility to understand which of your medical expenses are eligible for cost sharing, and which medical expenses are NOT eligible for cost sharing. Members are also provided with a toll-free number to contact Member Services with any questions they have. It is recommended that members call Member Services with any questions regarding eligibility prior to seeking medical services.

Authorizations

- I authorize Aliera Healthcare, Inc. ("Aliera"), on behalf of the ministry, to collect the Monthly Share Amount as a recurring monthly transaction.
- I authorize my first Monthly Share Amount to be processed immediately upon completion of my enrollment.
- I understand that the enrollment fee will be refunded automatically if all individuals on my enrollment form fail to attest to the ministry Statement of Beliefs or if I withdraw my enrollment prior to my membership effective date.
- I understand that the enrollment fee will not be refunded if, in the course of enrolling, I fail to respond to written or verbal inquiries from the ministry or Aliera (as the ministry's administrator) for more than sixty days.
- I understand that the ministry offers voluntary participation in the health care sharing ministry, and I understand that Aliera owns and administers memberships on behalf of the ministry.
- I understand both Aliera and the HCSM have the authorization to contact providers to request the release of medical records on behalf of the member.

Acknowledgment

- I affirm that the name and personal information provided on this form are true and correct.
- I affirm that I understand and accept the disclosures presented above.

Refunds

You are entitled to a full refund, including the one-time enrollment fee, if you cancel your membership within 10 days of the effective date of the membership. You must cancel within 10 days of your effective date to be eligible for a full refund. If you are canceling your membership after the first 30 days of your membership, you may be eligible for a refund of the most recently paid membership period, but only if you cancel within 10 days of your scheduled billing date. Any cancellation requests processed more than 10 days from the scheduled billing date will NOT receive a refund, and the membership will remain active until the end of that billing period.

Refunds will be processed as a credit to the same card or account provided for billing. Requests involving refunds payable by check may be delayed up to 30 business days.

Payment Method

Type: Credit Card

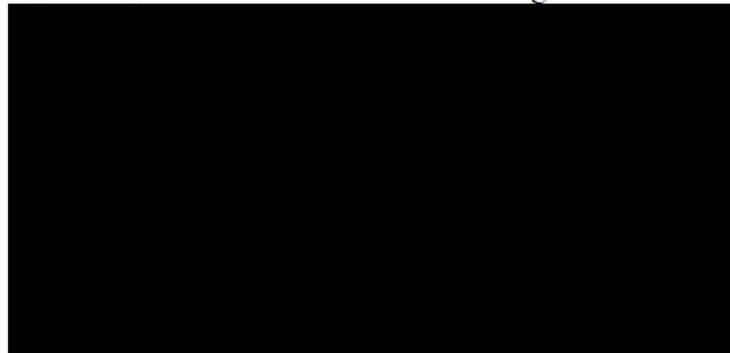
Name: [REDACTED]

Number: [REDACTED]

Expiration: [REDACTED]

Electronic Signature

By electronically acknowledging this authorization, I acknowledge that I have read and agree to the terms and conditions set forth in this agreement.



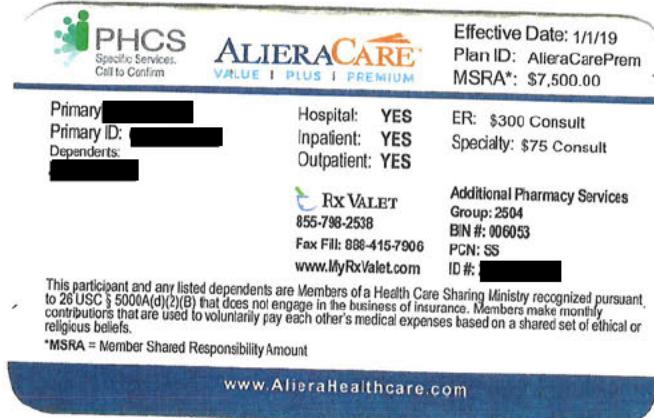
Signed as Parent / Guardian

Name: [REDACTED]

Date: January 15, 2019 at 4:25:29 PM

IP Address: [REDACTED]

Appendix 5



Appendix 6

1 The Honorable Barbara J. Rothstein
2
3
4
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7

8 UNITED STATES DISTRICT COURT
9 WESTERN DISTRICT OF WASHINGTON
10 AT SEATTLE

11 GERALD JACKSON, ROSLYN JACKSON,
12 DEAN MELLOM, JON PERRIN AND JULIE
13 PERRIN, individually and on behalf of all
14 others similarly situated,

15 Plaintiffs,

16 v.

17 THE ALIERA COMPANIES, INC., a
18 Delaware corporation; ALIERA
19 HEALTHCARE, INC., a Delaware
20 corporation; TRINITY HEALTHSHARE,
21 INC., a Delaware corporation,

22 Defendants.

23 NO. 2:19-cv-01281-BJR

24 **ORDER GRANTING PLAINTIFFS'
25 MOTION TO STRIKE ALIERA'S
26 ANSWER AND ENTER DEFAULT
JUDGMENT OR IN THE
ALTERNATIVE TO GRANT
PLAINTIFFS' MOTION FOR
SUMMARY JUDGMENT**

27 THIS MATTER came before the Court on Plaintiffs' Motion for Class
28 Certification. The Court has considered the Plaintiffs' Motion, the Declarations of
29 Eleanor Hamburger, Jon Perrin, Dean Mellom, Roslyn Jackson, Neil F. Luria (both
30 original and supplemental), and all attached Exhibits in Support of Plaintiffs' Motion
31 attached to those declarations, the Declaration of Mailing (Dkt. No. 160) evidencing
32 service of this Court's October 26, 2021 Order (Dkt. No. 159) and Notice of Additional
33 Authorities. No response was received from Defendant Aliera.

34 ORDER GRANTING PLAINTIFFS' MOTION TO STRIKE
35 ALIERA'S ANSWER AND ENTER DEFAULT JUDGMENT
36 ETC. - 1

37 [Case No. 2:19-cv-01281-BJR]

38 SIRIANNI YOUTZ
39 SPOONEMORE HAMBURGER PLLC
40 3101 WESTERN AVENUE, SUITE 350
41 SEATTLE, WASHINGTON 98121
42 TEL. (206) 223-0303 FAX (206) 223-0246

1 The Court has also considered the other pleadings and records on file.

2 Based upon the foregoing, and having found that Aliera is unrepresented,
3 despite service of the Motion and all documents in support of the motion (original and
4 supplemental) at Aliera's last known place of business, and on the recorded Assignee
5 for Aliera, and despite the allowance of sufficient time for Aliera to retain counsel (Dkt.
6 150) and respond, the Court hereby:

7 1. GRANTS Plaintiffs' Motion to Strike Aliera's Answer. The Clerk is hereby
8 ORDERED to strike Aliera's Answer from the record.

9 2. GRANTS Plaintiffs' Motion for Entry of Default.

10 3. GRANTS Plaintiffs' Motion for Default Judgment against Aliera. Pursuant to
11 Fed. R. Civ. P. 55(b)(2), the Court enters a default judgment against Defendant
12 Aliera in favor of Roslyn and Gerald Jackson, Dean Mellom, Jon and Julie
13 Perrin, and the Plaintiff Class. Based upon the records and pleadings herein,
14 and as described in the Court's oral ruling (incorporated herein by reference),
15 the Court concludes that Defendant Aliera designed, marketed, and sold the
16 Named Plaintiffs and the Plaintiff Class unauthorized and illegal health
17 insurance. The Court further concludes that Aliera's acts and omissions were
18 also violations of the Washington Consumer Protection Act. The damages
19 suffered as a result of these illegal and fraudulent practices is as follows:

20 (a) Roslyn and Gerald Jackson suffered damages in the amount of \$12,082.00
21 in reformation damages;

22 (b) Dean Mellom suffered damages in the amount of \$3,442.00 in rescission
23 damages;

24 (c) Jon and Julie Perrin suffered damages in the amount of \$7,107.92 in
25 rescission damages;

26
ORDER GRANTING PLAINTIFFS' MOTION TO STRIKE
ALIERA'S ANSWER AND ENTER DEFAULT JUDGMENT
ETC. - 2

[Case No. 2:19-cv-01281-BJR]

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- (d) the Plaintiff Class suffered damages totaling \$20,646,077.08 (excluding the damages assessed to the named plaintiffs), reflecting the greater of either (i) rescission damages or (ii) reformation damages for each member of the Class;
- (e) the Plaintiffs and Plaintiff Class are also entitled to an additional \$250 per class member in damages stemming from Aliera's violation of the Consumer Protection Act;
- (f) Accordingly, the total damages, including CPA damages, for Roslyn and Gerald Jackson is \$12,582.00; for Dean Mellom is \$3,692.00; and for Jon and Julie Perrin, is \$7,607.92. The Plaintiff Class, excluding the claims of the named plaintiffs, is awarded \$21,352,827.08 (\$20,646,077.08 in rescission/reformation damages and \$706,750 in CPA damages). Judgment shall and hereby is entered in these amounts.

4. Orders that Plaintiffs' counsel may petition for attorney fees and litigation costs pursuant to RCW 19.86.090 and *Olympic Steamship Co. v. Centennial Ins. Co.*, 117 Wn.2d 37, 811 P.2d 673 (1991).

DATED: November 11, 2021.

Barbara Rothstein

Barbara Jacobs Rothstein
U.S. District Court Judge

ORDER GRANTING PLAINTIFFS' MOTION TO STRIKE
ALIERA'S ANSWER AND ENTER DEFAULT JUDGMENT
ETC. - 3
[Case No. 2:19-cv-01281-BJR]

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1 Presented by:

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3 SPOONEMORE HAMBURGER PLLC

4 s/ Eleanor Hamburger

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21 Attorneys for Plaintiffs

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ORDER GRANTING PLAINTIFFS' MOTION TO STRIKE
ALIERA'S ANSWER AND ENTER DEFAULT JUDGMENT
ETC. - 4

[Case No. 2:19-cv-01281-BJR]

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Appendix 7

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

4 GERALD JACKSON, ROSLYN) C19-01281-BJR
5 JACKSON, DEAN MELLOM, JON)
6 PERRIN AND JULIE PERRIN,) SEATTLE, WASHINGTON
individually and on behalf)
of all others similarly) November 10, 2021
situated,)
Plaintiffs,) 10:00 a.m.
v.)
THE ALIERA COMPANIES, INC.,) MOTION HEARING
a Delaware corporation;)
ALIERA HEALTHCARE, INC., a)
Delaware corporation;)
TRINITY HEALTHSHARE, INC., a)
Delaware corporation,)
Defendants.)

VERBATIM REPORT OF PROCEEDINGS
BEFORE THE HONORABLE BARBARA J. ROTHSTEIN
UNITED STATES DISTRICT JUDGE

APPEARANCES:

22 For the Plaintiffs: Richard E. Spoonemore
23 Eleanor Hamburger
24 Sirianni Youtz Spoonemore
Hamburger
3101 Western Avenue
Suite 350
25 Seattle, WA 98121

Stenographically reported - Transcript produced with computer-aided technology

1 Cyrus Mehri
2 Mehri & Skalet, PLLC
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4 Suite 325
5 Washington, DC 20006
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Stenographically reported - Transcript produced with computer-aided technology

1 MR. SPOONEMORE: We were saying \$125 for every member
2 of the class is the amount that then becomes trebled.

3 THE COURT: And how many class members are you
4 hypothesizing? I've seen two different figures. So which --

5 MR. SPOONEMORE: We believe the figure is -- well,
6 from Neil Luria and the records, there are 2,832 members.

7 THE COURT: That's --

8 MR. SPOONEMORE: And so if you take the \$125, treble
9 it, multiply it by 2,832, you should arrive at that 708
10 figure that we came up with.

11 THE COURT: I see how you did it now. Okay. Okay.

12 Well, the court is ready to enter its judgment. And let
13 me deal with the class action first. I am going to certify a
14 class. I do find that the class in this case meets the
15 requirements of being a class, both in numerosity, clearly,
16 it's close to 3,000 individuals, and the commonality. They
17 all have very, very similar claims. The amounts may be
18 different, but any legal issues and the claims themselves are
19 essentially the same.

20 I find that plaintiff Perrin adequately represents the
21 class. His claims are typical of the other class claims.
22 And he has shown himself a willing and competent
23 representative for the class.

24 I find that certifying this as a class makes this -- the
25 class action here superior to any other source of remedy for

1 these individuals. The fact that close to 3,000 of them
2 would pursue individual remedy against Aliera is impractical,
3 to say the least. So I am going to certify a class.

4 Then moving on. I do find, whether you call it rescission
5 or reformation, I think we've already established that either
6 would be the correct way to find a remedy. For that, the
7 court finds that defendants have, indeed, violated RCW
8 48.01.040, 030, and the regulations that have been issued
9 under that, by illegally selling health insurance, and by
10 failing to make payments, as promised, to the individuals;
11 and, in fact, siphoning off money from -- in such a way, to
12 the individuals, so that there are no funds now, essentially
13 available to repay the class members for the money that has
14 been taken from them. Aliera has misused that money and has
15 defrauded these individuals.

16 I find that the violations of the Fair Insurance Practices
17 Act are per se violations of the Consumer Protection Act, and
18 therefore, the defendants have violated not only the
19 insurance code, but the Consumer Protection Act 1986.020.
20 And, therefore, treble damages are due to the class.

21 So turning back to the rescission or reformation remedy,
22 either of which is available to the class members, but
23 assuming, as counsel has represented to the court, assuming
24 that class members would exercise whichever remedy would give
25 them the maximum recovery for the money that they have lost

1 due to defendants' fraudulent behavior, the court will enter
2 a judgment in the amount of \$20,668 -- \$668,709. And I will
3 enter the treble damages amount of \$708,000.

4 I will go on to say that, given the violations of the
5 Consumer Protection Act, the class members are entitled to
6 have attorney's fees assessed against the defendants, and
7 costs. And counsel shall petition the court for same, and
8 provide substantiation of their fees in this matter.

9 I believe I have covered everything you have raised in
10 your briefs and here before the court. Is that correct,
11 counsel?

12 MR. SPOONEMORE: Just to be clear. It was garbled, I
13 think, in your oral statement, when you got to the number. I
14 understand that number to be \$20,668,709?

15 THE COURT: That's correct.

16 MR. SPOONEMORE: And I understand the answer is being
17 stricken as well.

18 THE COURT: Yes, the answer should be stricken. And
19 the court is going to enter a default -- and in addition to
20 the default judgment.

21 MR. SPOONEMORE: Very good. That covers, I think, my
22 list.

23 THE COURT: I think it covers just about everything.

24 Counsel, I think you probably need a written judgment in
25 this matter. And since I think the need to expedite this is

Appendix 8

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF KENTUCKY
LEXINGTON DIVISION

HANNA ALBINA and AUSTIN WILLARD,
individually and on behalf of others similarly
situated,

Plaintiffs,

vs.

THE ALIERA COMPANIES, INC.,
TRINITY HEALTHSHARE, INC., and
ONESHARE HEALTH, LLC d/b/a UNITY
HEALTHSHARE, LLC,

Defendants.

Case No.: 5:20-CV-00496-JMH

ELECTRONICALLY FILED

**DEFAULT JUDGMENT AGAINST
THE ALIERA COMPANIES, INC.**

*** * * * *

It appearing that Defendant the Aliera Companies, Inc., is in default by the failure to appear before the Court by counsel (DE 69), the Clerk having previously noted Aliera's default on the docket by order of the Court (D.E. 70), and seven or more days having elapsed since entry of the default and notice of Plaintiffs' motion for default judgment, without any appearance of Aliera by counsel, the Court having previously certified this matter as a class action pursuant to Fed. R. Civ. P. 23(2) and 23(b)(3) (D.E. 68), the Court having reviewed the motion, memoranda, and evidence submitted by Plaintiffs, the Court now finds as follows.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Aliera Companies, Inc. ("Aliera") entered into contracts with Plaintiffs and various Kentucky residents defined in the class herein to pay medical expenses on the determination of certain contingencies. Pursuant to KRS 304.1-030, those contracts constituted

“insurance” and are therefore subject to the Kentucky insurance code. There is an exception to application of the Kentucky insurance code afforded to certain religious organizations by KRS 304.1-120(7), but that exception does not apply to the plans sold by Aliera because, *inter alia*, Aliera is not a nonprofit religious association, Aliera did not limit the sales of its plans to participants who were members of the same denomination or religion, Aliera did not match specific participants who have financial, physical, or medical needs with participants who choose to assist with those needs, the contractual amounts paid to Aliera were not voluntary, and Aliera and Trinity, through its member guide, did assume specific risks or make specific promises to pay certain medical expenses that were not discretionary with Aliera and/or Trinity.

2. Aliera held itself out as providing health care sharing ministry (“HCSM”) products of Trinity HealthShare, Inc. (“Trinity”) (now known as Sharity Ministries, Inc.), but Trinity did not qualify as an HCSM under United States law, 26 U.S.C. § 5000A(d)(2), because, *inter alia*, Trinity or its predecessors have not been in continuous existence since December 31, 1999, and Trinity did not conduct an annual audit performed by an independent certified public accounting firm at all times during its existence. According to the declaration of Neil Luria, no outside audit was performed for the year 2018 or any year thereafter.

3. Aliera misled the class members into entering contracts for a product that was not what it purported to be and did not comply with applicable federal or state law. Because the products Aliera sold to the class members met the definition of insurance under Kentucky law, it was required to comply with the Kentucky insurance code and it failed to do so, to the damage of the class members.

4. Each Plaintiff or class member at his or her option is entitled to rescind his or her contract with Aliera or reform his or her contract with Aliera so as to comply with applicable

insurance law, including Kentucky law and the law of the United States, which among other things, prohibits the exclusion of pre-existing conditions, prohibits waiting periods for coverage, and prohibits insurers from selectively paying claims to different insured in a different manner. Those Plaintiffs or class members who choose to rescind their contracts with Aliera are entitled to judgment in the amount of all payments made to Aliera for purchase of products sold by Trinity Healthshare, Inc. (“rescission damages”). Those Plaintiffs or class members who choose to reform their contracts with Aliera are entitled to judgment in the amount of all claims submitted to Aliera for payment by Trinity Healthshare, Inc., but not previously paid (“reformation damages”).

5. The uncontroverted declaration of Neil Luria (D.E. 64-5), the Chief Restructuring Officer of Sharity Ministries Inc. (the company formerly known as Trinity Healthshare, Inc.), is sufficient evidence of both the amount of contract payments made to Aliera for Trinity plans, and the amount of claims submitted to Aliera but unpaid for Trinity plans. Plaintiff Austin Willard made total contractual payments to Aliera and Trinity of \$16,038.75. Mr. Willard submitted total medical bills to Aliera and Trinity that have not been paid of \$16,255.24. On a classwide basis, the contract payments to Aliera and Trinity by all class members total \$2,189,003, and the medical bills submitted to Aliera and Trinity by all class members that have not been paid total \$3,112,951.

6. Mr. Willard has elected to reform his contract and therefore is entitled to receive judgment of his reformation damages, in an amount of the total medical bills submitted by him to Aliera but unpaid.

7. The class members have not yet had the opportunity to elect the measure of damages each will receive. Presumably, each will make the rational decision to elect to receive

the higher of the rescission damages or reformation damages available to him or her on an individual basis. Neil Luria has provided a Second Declaration, dated November 11, 2021, and filed in the record herein on November 12, 2021. Mr. Luria's Second Declaration provides sufficient evidence of the total amount of damages sustained by the class members, based on each class member's presumed election to take the higher amount of damages available to him or her. The aggregate amount of those damages, based on the presumed individual elections, is \$4,696,124. The Court finds that this amount represents the total damages of the class known at this time.

JUDGMENT

IT IS NOW THEREFORE ORDERED AND ADJUDGED AS FOLLOWS:

The Court grants default judgment in favor of Austin Willard, against The Aliera Companies, for reformation of his contract with The Aliera Companies in order to comply with applicable insurance laws, in the amount of \$16,255.54.

The Court grants default judgment in favor of the class of all persons who, while a Kentucky resident, purchased or were covered by a plan from Aliera and Trinity Healthshare, Inc., that purported to be a "health care sharing ministry." The amount of the judgment is the aggregate rescission damages or reformation damages of the class, presuming each individual class member elects the higher measure of available damages, \$4,696,124, less the judgment in favor of Austin Willard, individually, for a total judgment in favor of the absent class members of \$4,679,868.46.

This 17th day of November, 2021.



Signed By:
Joseph M. Hood 
Senior U.S. District Judge

Appendix 9

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re: _____
SHARITY MINISTRIES, INC., _____
Debtor.¹ _____

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)
)
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)

CONSENT

Sharity Ministries, Inc., in its capacity as the debtor-in-possession in its case under the Bankruptcy Code, and pursuant to the Order Approving Stipulation Granting Derivative Standing to the Official Committee of Members to Pursue Any Claim of the Debtor's Bankruptcy Estate (D.I. #305) hereby consents to the pursuit by the Official Committee of Members of Sharity Ministries, Inc. of the following claim or claims of the Debtor or its estate:

1. All of the claims against The Aliera Companies and its subsidiaries described in the attached Complaint.

Dated: November 24, 2021

SHARITY MINISTRIES, INC.

By: /s/ Neil F. Luria

Neil F. Luria
Chief Restructuring Officer of
Sharity Ministries, Inc.

¹ The last four digits of the Debtor's federal taxpayer identification number are 0344. The Debtor's mailing address is 821 Atlanta Street, Suite 124, Roswell, Georgia 30075.